



## GRANT REQUEST FORM

When your form is complete, please review it, sign, and send via mail, email, overnight delivery to:

**Legacy Endowment Community Foundation**  
**5256 S. Mission Rd. Suite 1210, Bonsall, CA 92003**  
**Email: [info@legacyendowment.org](mailto:info@legacyendowment.org)**

For any questions, please contact our office M-F, 8:30am to 5:00pm at (760) 941-8646.

**1. FUND NAME:** \_\_\_\_\_

**2. RECOMMENDED GRANT INFORMATION:**

Organization's Name \_\_\_\_\_

Federal Tax ID Number \_\_\_\_\_

Contact Name \_\_\_\_\_ Contact Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_

*Acknowledgement of details Grant Letter should include: (check and complete all that apply)*

Purpose: \_\_\_\_\_

Specific Use: \_\_\_\_\_

Special Program: \_\_\_\_\_

"Recommended By": \_\_\_\_\_

(Appears on grantee letter to charity - if blank, letter will indicate the grant is anonymous)

**3. RECOMMENDED GRANT AMOUNT AND TIMING:**

Amount \$ \_\_\_\_\_ (minimum grant is \$250.00)

One Time  Requested delivery date \_\_\_\_\_ (mm/dd/yyyy)

RECURRING *If recurring, please select frequency of grant:*

Monthly  Quarterly  Semi Annually  Annually Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Grant requests are processed within approximately 10 business days of receipt;** however more time may be necessary depending on due diligence requirements. Grant recommendations are subject to review and approval and the requestor will be notified in writing if the grant recommendation cannot be made for any reason. Related materials such as proposals or collaterals describing programs/purpose/use may be attached for further consideration.