



Community Foundation for San Benito County

829 San Benito Street, Suite 200
Hollister, CA 95023
(831) 630-1924, Fax (831) 630-1934, www.cffsbc.org

GRANT AGREEMENT AND FUNDING REQUEST

GRANTEE: _____

CONTACT/ADDRESS: _____

GRANT REF #: _____ **GRANT AWARD: \$**_____

FUNDING REQUEST: \$ _____ **DATE OF REQUEST:** _____

Pursuant to the Grantee's application (Grant Application), the Community Foundation for San Benito County (CFFSBC) has agreed in its letter dated _____ (Award Letter) to provide a grant up to the amount specified above to the Grantee for the following project/purpose:

subject to certain conditions and/or restrictions specified therein. The purpose and use of these funds is further described in the Grantee's Grant Application.

In addition to the conditions and/or restrictions specified in the Award Letter, CFFSBC is willing to make this grant subject to the following terms and conditions:

- a) This grant is earmarked for the project identified above, as described in Grantee's Grant Application. The grant funds may not be used for any other purpose without prior written approval from CFFSBC. CFFSBC reserves the right to request the return of unused funds.
- b) Grantee agrees to provide immediate written notice to CFFSBC if significant changes or events occur during the term of this award which could potentially impact the progress or intended outcome of the grant, including, without limitation, changes in Grantee management personnel or losses of funding.

In accordance with the all the terms, conditions and/or restrictions in this Grant Award Agreement as well as the Award Letter, on behalf of the Grantee, I understand and accept these terms and requests funding in the amount specified above.

Signature: _____ Date: _____

Name: _____ Title: _____

On behalf of the Community Foundation for San Benito County:

Signature: _____ Date: _____

Name: _____ Title: _____