



## Cobb Community Impact Grant FUNDING AGREEMENT FOR ORGANIZATIONS

Thank you for your commitment to help fund new programs and expand existing programs for non-profits serving Cobb County with your contributions to the Cobb Community Impact Fund.

	L. Dollor O	rganization					
Pusinass or Organia	antion Name						
Business or Organiz  Primary Contact fo		NOTE: all correspon	donco will be cont t	to Drimary Contact ,	inlace athoriui	ica chacifiad)	
Primary Contact to	or Organization (	NOTE. all correspon	idence will be sent i	to Filliary Contact t	iniess otherwi	ise specified)	
Salutation Fir	irst Name	Middle Name/Initial	Last Name		Suffix	Nickname	
Address				City		State	ZIP
Position			Business Phone	Mobile Phone	Email Addr	ess	
<b>SECTION TW</b>	O: Terms						
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## **SECTION FOUR: Anonymity**

The Donor acknowledges that unless the Donor requests anonymity, Cobb Community Foundation will publish Donor information publicly."

Donor requests anonymity.

	SECTION FIVE: 0	ptional Co	ontribution to	<b>Cobb Community</b>	y Foundation O	perations
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One hundred percent of your investment will be awarded as Cobb Community Impact Grants. Would you like to make a one-time donation to help defray the processing costs and expenses? The recommended amount is 5% of the first year's investment.

Yes, I/we choose to support Cobb Community Foundation operations with an additional contribution of \$ \_\_\_\_\_\_.

No

## **SECTION SIX: Acknowledgments and Signatures**

The Donor acknowledges that Cobb Community Foundation independently administers the application and selection process for the Cobb Community Impact Grant and that the Donor's funding of a grant has no influence over the determination of grant recipients.

Community Impact Grant and that the Donor's funding of a grant has no	influence over the determination of g	rant recipients.				
DONOR ADVISOR ORGANIZATION						
Authorized Officer Signature						
Printed Name	Title	Date				
Additional signatures only necessary if required by Donor Advisor Organization's Bylaws						
Authorized Officer Signature						
Printed Name	Title	Date				
Authorized Officer Signature						
Printed Name	Title	Date				
FOR COBB COMMUNITY FOUNDATION, INC. (Executive Director or Officer of the Board):						
Signature						
Printed Name	Title	Date				