



THE SPARTANBURG COUNTY FOUNDATION
Your Community Foundation

Request for Unexpended Funds

Organizations may utilize this form if they meet the following criteria:

- Currently hold grant funds for an approved project
- Have surplus grant funds remaining after meeting approved expenditures
- Have additional needs related to the original request
- Currently approved for a grant but have not met the conditions as specified in the grant contract

Organizations meeting the above criteria may hold remaining funds until this request is processed. Such request will receive special consideration for use of these funds. If the request is denied or additional funds remain, unexpended funds must be returned to The Spartanburg County Foundation within 30 days of written notification.

Please type or print clearly with a black pen.

Application # _____
(From original contract)

Project Name: _____

Organization: _____

Contact Person(s): _____

Address: _____

Phone#: _____

Fax# _____

Email Address: _____

Web Address: _____

Project Information

Revised Budget of Proposed Project: \$ _____
(Please attach a copy of a detailed budget)

Amount Requested: \$ _____

Brief Summary of Project:

Describe how this request relates to your original request. (You may attach an additional page if necessary).

I certify the accuracy of the enclosed information.

Name: _____

Title: _____

Date: _____