

WILLIAM MCCASKEY CHAPMAN & ADALINE DINSMORE CHAPMAN FOUNDATION  
REQUEST FOR RELEASE OF APPROVED GRANT FUNDS

Please submit this form anytime on or after July 1<sup>st</sup> of the grant cycle year. You may complete the form and submit it electronically or by mail indicating that you have secured the required matching funds, if applicable.

Email to: [info@thechapmanfoundation.org](mailto:info@thechapmanfoundation.org)

**Or by mail:**

The William McCaskey Chapman & Adaline Dinsmore Chapman Foundation  
2100 Garden Road, Suite B-E  
Monterey, CA 93940

If you have any questions, please feel free to call our office at (831) 372-2100

GRANTEE/ORGANIZATION: \_\_\_\_\_ Tax ID: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ Zip CODE: \_\_\_\_\_

Attn.: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

AMOUNT OF GRANT FUNDS \$ \_\_\_\_\_

GRANT CYCLE YR/YR: 20\_\_\_\_/20\_\_\_\_\_

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\_\_\_\_\_  
Print Name of Organization Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Signature of Representative**

Contact Email: \_\_\_\_\_