

Wright County Charitable Foundation 2026 Grant Agreement Form

Date _____

This agreement is by and between the Wright County Charitable Foundation and
_____ here forth referred to as recipient.

The recipient agrees to do the following as conditions of acceptance for the grant award of
\$_____ for the purpose of_____.

1. File a final report on the form provided and known as "Evaluation"
2. Give the Wright County Charitable Foundation credit in all media releases
3. Provide proof of purchase(s) for project items within 12 months of grant distribution
4. Submit written request for extension if project is incomplete after 12 months
5. Return any portion of the grant monies not used for the designated purpose within 12 months of grant award
6. Provide pictures of the completed project for publicity purposes

Acknowledged and agreed to by:

Wright County Charitable Foundation
115 North Main Street
Post Office Box 214
Clarion, Iowa 50525

(Organization Representative Printed Name)

(Organization Representative Signature)

Date _____

(Address)

(City, State & Zip Code)

(Telephone number/Fax number)

(Email address)

Return signed and completed
Agreement Form to the address
listed above.

Date _____