**For Requesting Disbursements from the MASSB Foundation**  
(to be customized to justify the request and to identify the payor, with Schedule 1 being required for government year-end tax reporting):

 Withdrawal Request Form: Dated \_\_\_\_\_\_\_ \_\_, 20\_\_

MASSB Foundation  
Attn: Foundation Treasurer

103 Market Street  
Annapolis, MD  21401  
  
            Re:       Withdrawal of Funds

To Whom it May Concern:  
  
Please be advised that the Board of Directors for the \_\_\_\_\_\_\_ County Department of Social Services has duly approved resolutions authorizing and recommending to the Community Foundation the release of $\_\_\_\_\_\_ from our [\_\_short-term OR \_\_endowment] account within the MASSB Foundation.   
  
Our Board of Directors represents and covenants that the funds being disbursed will be used solely for the purpose of paying expenses associated with the following program that is consistent with the charitable purpose of the mission of the \_\_\_\_\_\_\_\_\_\_\_\_ County Department of Social Services: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Specifically, the disbursement advances child protection or family preservation expenses, that are not otherwise governmentally funded, in the following way(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  
  
We certify that the financial information set forth in Schedule 1 is, to the best of our knowledge, true and accurate for tax reporting purposes. Note that applicable tax laws now require Schedule 1 in order for us to process a withdrawal request.  
  
The funds being requested should be made payable to \_\_\_\_\_\_\_\_\_\_\_\_\_, and should be mailed to the following person:  
  
Payee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ <Street Address>  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_    \_\_\_\_\_\_\_\_  <City, State, Zip>  
  
Invoice #: \_\_\_\_\_\_\_\_\_\_\_\_ <if applicable to facilitate payment>  
  
Please send the undersigned an email (to \_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_) as confirmation of payment to the above.  
  
Best regards,  
  
Signature:        \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_             Signature:    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\*          
  
Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_            Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\*  
  
\*  include 2nd signature only if local board adopts resolutions to require that for enhanced security.  
  
[NEW PAGE]  
  
**MASSB FOUNDATION  
Withdrawal Request**  
  
**Schedule 1: Information about Disbursement Request**

 Category of Expense   
          (from Form 990 by Row #)                 Fundraising Expense                  Program (Services) Expense  
  
22. Grants and Allocations                            $\_\_\_\_\_\_\_\_\_\_\_\_\_\_                         $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
26. Salaries and Wages  
30. Professional Fundraiser   
31. Accounting Fees  
32. Legal Fees  
33. Supplies (including software)                 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_                         $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
34. Telephone  
35. Postage and Shipping                           $\_\_\_\_\_\_\_\_\_\_\_\_\_\_                         $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
36. Occupancy  
37. Equipment and Maintenance   
38. Printing and Publishing                          $\_\_\_\_\_\_\_\_\_\_\_\_\_\_                         $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
39. Travel (food, trips)                                $\_\_\_\_\_\_\_\_\_\_\_\_\_\_                         $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
40. Conferences and Meetings                     $\_\_\_\_\_\_\_\_\_\_\_\_\_\_                         $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
43. Other - Insurance  
43. Other - Admin Fee (prog mgmt)  
TOTAL