

GRANT RECOMMENDATION FORM

In accordance with the North Georgia Community Foundation's advised fund procedures, I would like to recommend to the Community Foundation that a distribution be made as follows from:

(Name of Fund)

To:
Charity _____

Charity Mailing Address _____

Amount _____

Purpose (check ONE)

- Undesignated (use of grant funds to be determined by recipient charity)
 Designated For: _____

Check here if you wish this grant to be made ANONYMOUSLY. Neither your name nor the name of your fund will be listed in the grant letter. The recipient organization will be advised to send their acknowledgement of appreciation to the Community Foundation for forwarding to you.

I believe this charity is deserving of support from the Community Foundation and that the contribution which I have recommended is consistent with the Community Foundation's charitable purposes and functions.

I certify that this grant will not provide any tangible benefit to, or relieve any obligation of, the donor/s, the advisor/s, or any related party.

DONOR SIGNATURE

DATE

THIS SECTION FOR COMMUNITY FOUNDATION ADMINISTRATION

Staff Verification of Charitable Status:

- 501(c)(3): __ Guidestar; __ IRS Letter;
__ Other (explain)
- Government Agency
- Fiscal Sponsor (list sponsoring organization)
- Community Project (attach paragraph explaining charitable benefit to community)

Approved By:

NGCF Staff Signature & Position Title

Date _____

Grant Distribution Date _____

Check Number _____

This document is only for use by the North Georgia Community Foundation