



**Grant Recommendation Form
For Advised Funds**

Recommendation Date: _____

Fund Advisor Name: _____ Phone: _____

Fund Name: _____

Remittance Options:

- please forward a check directly to the organization listed below.
- I will personally present the check to the grant recipient; please mail to me at my address of record.
- I wish to remain anonymous to the grant recipient.

As the Fund Advisor, I recommend that the Community Foundation make the following grant to:

Legal Name of Charitable Organization: _____

Charitable Organization Tax ID Number: _____

Organization Address: _____

Contact Name: _____ Phone: _____

Grant Amount: \$ _____

Grant Purpose:

(General operating support, specific program, etc.) _____

Additional Instructions: _____

I certify that the above recommendation does not represent the payment of any irrevocable or legally binding pledge or other financial obligations, nor does the undersigned or any family member or anyone associated with this Fund receive any personal benefit from this charitable distribution. I also acknowledge that the above recommendation must be approved by the Community Foundation's Board of Directors.

Fund Advisor Signature: (required) _____

Please mail or fax signed form to:

***Kyle English, Executive Director
Community Foundation
7 West State Street, Suite #301
Sharon, PA 16146
724-981-5882 (Phone)/724-983-9044 (Fax)
kyle@comm-foundation.org (Email)***