



Date:	
Approved By:	
FUND ID:	
Paid Date:	
Grant Number:	
Program Officer:	

## Designated Grant Recommendation Form

<b>Fund Name:</b>			
<b>Amount Recommended:</b>			
<b>Payee:</b>		<b>Tax ID #:</b>	
<b>*If endowed funds are designated for a specific purpose, provide additional documentation to support the recommendation.</b>			
<b>Signature of Authorized Fund Advisor Representative:</b>		<b>Date:</b>	
<b>Printed Name:</b>			
<b>Phone Number:</b>			
<b>E-Mail:</b>			
<input type="checkbox"/> Please mail the grant check If the organization address has changed, update below			
<input type="checkbox"/> Please hold grant check for pick up Include person's name, email address, and phone number			

Staff only

ACF CEO and Board Chair approval is required for grants between \$25,000 and \$50,000. Full Board approval is required for grants over \$50,000.

ACF CEO  
Signature: \_\_\_\_\_

ACF Board Chair  
Signature: \_\_\_\_\_