The Alaska Community Foundation

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

Agency Fund Grant Recommendation Form

Agency Fund Name:	
Amount Recommended:	
Payee: (if other than Agency)	
Tax ID#:	

* If endowment funds are designated for a specific purpose, please provide additional documentation to support your request

Signature of Authorized Fund Rep:	Date:
Printed Name:	
Title:	
Phone Number:	
E-Mail :	

☐ Please mail the grant check:

If your organizations address has changed, please update below

Street Address:

City, State, Zip:

☐ Please hold grant for pick up

Name of person to pick up check:

Phone number and email of person to pick up check:

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: _____

Pub 09/05/12