



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

## Affiliate Advised Grant Recommendation Form

<b>Affiliate Name:</b>		
<b>Fund Name:</b>		
<b>Amount:</b>		
<b>Recommended Grantee:</b>		<b>Tax ID #:</b>
<input type="checkbox"/> 501c3 <input type="checkbox"/> Other Please Contact Program Officer		
<b>Street Address:</b> City, State, Zip:		
<b>Contact Phone Number:</b>		
<b>E-Mail Address:</b>		
<b>Grant Purpose:</b> (Please attach relevant supporting documents)		
<input type="checkbox"/> I certify that I, my family, and/or a company have not received any benefits. <input type="checkbox"/> I certify that this grant recommendation does not fulfill a pledge.		
<b>Signature of Authorized Fund Advisor:</b>	<b>Date:</b>	
<b>Printed Name:</b>		
<b>Phone Number:</b>		
<b>E-Mail:</b>		
<b>Special Instructions:</b> <i>(Checks will be mailed to Grantee unless otherwise specified)</i>		
<input type="checkbox"/> Please mail to the Affiliate Community Foundation listed above. <input type="checkbox"/> Include a grant letter. <input type="checkbox"/> Do not mail the grant check. Please call the following authorized individual when check is ready for pick up: (Please state persons name and phone number)		

***Affiliate advisory board and/or grants committee must include a copy of meeting minutes that correspond with this grant recommendation.***