



GRANT RECOMMENDATION FORM

Fund Name:

Fund Advisor(s):

As Advisor to the above fund, I recommend that the Community Foundation consider the following grants:

Agency Name:

Grant Amount:

Mailing Address:

Grant Purpose:

If you would like this grant to be anonymous, please indicate below:

Advisor name anonymous Fund name anonymous

Optional: Opportunity to partner with the Community Foundation:

Yes, I wish to recommend a grant in the amount of \$ _____ to the Community Foundation's Community Impact Fund. I understand that the entire amount of my support will be used to fund proposals that are thoroughly researched and approved by the Community Foundation.

I certify that, if approved, the above grant(s) will neither be used to satisfy a legally binding pledge nor to provide any goods or services (including benefit tickets, memberships, or merchandise) to me, a member of my family, an entity we control, or any other person associated with the fund. IRS penalties may apply if this grant results in a personal benefit or is in fulfillment of a personal pledge. I understand that final grant decisions are made at the Community Foundation for Palm Beach and Martin Counties whose charge it is to see that all distributions are consistent with its broader charitable purposes.

Donor-Advisor Signature

Date:

Donor-Advisor Signature

Date:

Please return to:

The Community Foundation for Palm Beach and Martin Counties
Attn: Development Office | 700 South Dixie Highway, Ste 200 | West Palm Beach, FL 33401
Phone: 561-659-6800 Fax: 561-832-6542 www.yourcommunityfoundation.org