



GRANT RECOMMENDATION FORM

In accordance with the Athens Area Community Foundation's advised fund procedures, I would like to recommend to the Community Foundation that a distribution be made as follows from the:

_____ (Name of Fund)

To: _____
Charity _____

Charity Mailing Address _____

Amount _____

Purpose (check ONE)

- Undesignated (use of grant funds to be determined by recipient charity)
- Designated For: _____

Check here if you wish this grant to be made ANONYMOUSLY. Neither your name nor the name of your fund will be listed in the grant letter. The recipient organization will be advised to send their acknowledgement of appreciation to the Community Foundation for forwarding to you.

I believe this charity is deserving of support from the Community Foundation and that the contribution which I have recommended is consistent with the Community Foundation's charitable purposes and functions.

I certify that this grant will not provide any tangible benefit to, or relieve any obligation of, the donor/s, the advisor/s, or any related party.

DONOR SIGNATURE

DATE

Please send this form to AACF CEO Delene Porter via Fax: 706-542-1744, Email: dporter@athensareacf.org, or Mail: PO Box 1543, Athens GA 30603

THIS SECTION FOR COMMUNITY FOUNDATION ADMINISTRATION	
<p>Staff Verification of Charitable Status:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 501(c)(3): __ Guidestar; __ IRS Letter; __ Other (explain) <input type="checkbox"/> Government Agency <input type="checkbox"/> Fiscal Sponsor (list sponsoring organization) <input type="checkbox"/> Community Project (attach paragraph explaining charitable benefit to community) <input type="checkbox"/> 990 Tax Filing <input type="checkbox"/> Most Recent Audit <input type="checkbox"/> Guidestar Review <input type="checkbox"/> Annual Report <input type="checkbox"/> Board List or Vestry <input type="checkbox"/> Other Items received 	<p>Approved By:</p> <p>_____</p> <p>AACF Staff Signature & Position Title</p> <p>Date: _____</p> <p>Grant Distribution Date: _____</p> <p>Check Number: _____</p>