

GRANT RECOMMENDATION FORM

**TO: Board of Governors
 The Community Foundation, Inc.
 3409 Moore Street
 Richmond, Virginia 23230
 FAX (804) 330-5992**

We request the Board of Governors review and approve the following grant recommendation(s) from the _____ *Fund*. **We understand that all grants must be for a minimum of 100.00.**

<u>For Foundation Use Only</u> Profile #: _____ Docs: _____ Grant #: _____	Charitable Organization: _____ Address (if outside Richmond area): _____ _____ Total Grant Amount: _____ Restricted Purpose/Multi-Year Payment Schedule (if any): _____ _____
<u>For Foundation Use Only</u> Profile #: _____ Docs: _____ Grant #: _____	Charitable Organization: _____ Address (if outside Richmond area): _____ _____ Total Grant Amount: _____ Restricted Purpose/Multi-Year Payment Schedule (if any): _____ _____
<u>For Foundation Use Only</u> Profile #: _____ Docs: _____ Grant #: _____	Charitable Organization: _____ Address (if outside Richmond area): _____ _____ Total Grant Amount: _____ Restricted Purpose/Multi-Year Payment Schedule (if any): _____ _____

We acknowledge that the above recommendations do not represent requests for payment of any pledges or other obligations we have made, nor do we expect any personal benefits from these charitable distributions. We understand that the final judgment rests with the Board of Governors whose charge is to see that all distributions affirm the charitable purposes for which the Fund was created and are within the broad charitable purposes of the Community Foundation.

 Signature

 Date