

GRANT RECOMMENDATION FORM

Grants must be submitted on this form or through our online service and may be made only to public charities. Please attach additional forms as needed. This form may be faxed or mailed. You can also scan the form (with signature) and email to msmith@licf.org.

Date: _____

To: Donor Relations Department

Name of Fund:

As an advisor to the above-named Fund, I suggest the following grants:

<u>Amount (\$250 or more)</u>	<u>Name and Address of Organization</u>	<u>Purpose (if other than general support)</u>
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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. I acknowledge that the above grant(s) must receive the approval of The New York Community Trust or Community Funds, Inc.

Name(s) as you wish printed on grant voucher

SIGNATURE