



CENTRAL NEW YORK  
COMMUNITY  
FOUNDATION, INC.

Where the Smart Money Gives.

500 SOUTH SALINA STREET SUITE 428, SYRACUSE, NEW YORK 13202-3302

## GRANT RECOMMENDATION FORM

**Name of Fund:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I suggest the following distribution(s) be made from the above fund to the following organization(s) in the amount(s) listed below. (PLEASE PRINT)

<b>Grant Suggestion #1</b>	<b>Recommended Amount \$</b> _____ <small>(minimum \$100)</small>
Organization Name: _____	Contact Person: _____
Mailing Address: _____	City, State, Zip: _____
Purpose of Grant & Special Instructions: _____	
<input type="checkbox"/> I wish the above grant to be ANONYMOUS, and the fund NOT acknowledged in the payment letter. <input type="checkbox"/> I wish my name to be ANONYMOUS as the fund advisor.	

<b>Grant Suggestion #2</b>	<b>Recommended Amount \$</b> _____ <small>(minimum \$100)</small>
Organization Name: _____	Contact Person: _____
Mailing Address: _____	City, State, Zip: _____
Purpose of Grant & Special Instructions: _____	
<input type="checkbox"/> I wish the above grant to be ANONYMOUS, and the fund NOT acknowledged in the payment letter. <input type="checkbox"/> I wish my name to be ANONYMOUS as the fund advisor.	

<b>Grant Suggestion #3</b>	<b>Recommended Amount \$</b> _____ <small>(minimum \$100)</small>
Organization Name: _____	Contact Person: _____
Mailing Address: _____	City, State, Zip: _____
Purpose of Grant & Special Instructions: _____	
<input type="checkbox"/> I wish the above grant to be ANONYMOUS, and the fund NOT acknowledged in the payment letter. <input type="checkbox"/> I wish my name to be ANONYMOUS as the fund advisor.	

Please notify me when these suggestions are processed at: \_\_\_\_\_  
(email or phone number)

My signature signifies my understanding that the final judgement of my recommendations are in the hands of the Community Foundation, whose charge it is to ensure that all distributions meet the regulations of the Internal Revenue Code and are compatible with the policies and purposes of the Community Foundation.

**I certify that these recommendations do not represent the payment of any legally enforceable pledge or obligation, and that I will not receive any goods, services or non-tax deductible membership benefits.**

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_