



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)

GRANT SUGGESTION #1	RECOMMENDED AMOUNT \$
(minimum \$100)	
Organization Name: _____	Contact Person: _____
Mailing Address: _____	City, State, Zip: _____
Purpose of Grant & Special Instructions: _____	

<input type="radio"/> Please omit my fund name from the letter that accompanies the grant.	
<input type="radio"/> Please omit my name and address from the letter that accompanies the grant.	

GRANT SUGGESTION #2	RECOMMENDED AMOUNT \$
(minimum \$100)	
Organization Name: _____	Contact Person: _____
Mailing Address: _____	City, State, Zip: _____
Purpose of Grant & Special Instructions: _____	

<input type="radio"/> Please omit my fund name from the letter that accompanies the grant.	
<input type="radio"/> Please omit my name and address from the letter that accompanies the grant.	

GRANT SUGGESTION #3	RECOMMENDED AMOUNT \$
(minimum \$100)	
Organization Name: _____	Contact Person: _____
Mailing Address: _____	City, State, Zip: _____
Purpose of Grant & Special Instructions: _____	

<input type="radio"/> Please omit my fund name from the letter that accompanies the grant.	
<input type="radio"/> Please omit my name and address from the letter that accompanies the grant.	

(OVER)





GRANT RECOMMENDATION FORM (CONT.)

SUBMIT FORM:

Completed forms can be emailed to info@cnycf.org or mailed to:

Central New York Community Foundation
431 E. Fayette St. Suite 100
Syracuse, NY 13202

My signature signifies my understanding that the final judgment 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: _____

