



# THE LATINO COMMUNITY FOUNDATION

## Grant Recommendation Form

Additional copies of this form can be downloaded at [www.latinocf.org/donor](http://www.latinocf.org/donor)

### 1. FUND INFORMATION

Fund Name \_\_\_\_\_ Fund Number \_\_\_\_\_

### 2. GRANT RECIPIENT

Organization's Official Name: \_\_\_\_\_

Federal Tax Identification Number (if available) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### 3. GRANT AMOUNT AND PURPOSE

Grant Amount (minimum \$1,000): \_\_\_\_\_

Purpose (if other for operating support): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 4. ACKNOWLEDGEMENT INFORMATION

List Donor Name(s) As (if different from standard listing):

Please Make Fund Name Anonymous

Please Make Donor Name(s) Anonymous

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## 5. SPECIAL INSTRUCTIONS

**For Grant Recipients:**

Do not add donor name(s) to mailing lists

Special Dedication (in memory/honor)

\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**For the Latino Community Foundation:**

Send additional copy of grant cover letter to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

## 6. CERTIFICATION

I understand that this grant recommendation must abide by the governing documents and grant-making policies of the Latino Community Foundation. I certify that this grant recommendation adheres to the Grant Restrictions specified in the DAF guidelines and that no person will receive benefits in exchange for this grant (e.g. tickets to events) or use this grant to fulfill membership dues or pledges. I acknowledge that language to this effect may be added to the grant transmittal letter.

Advisor Name (Please Print): \_\_\_\_\_

Date: \_\_\_\_\_

Advisor Signature:

\_\_\_\_\_