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Grant Request Form

PLEASE MAIL OR FAX COMPLETED FORM TO:

Community Foundation of Tampa Bay, 550 North Reo Street, Suite 301, Tampa, FL 33609-1037
Phone 813.282.1975 Fax 813.282.3119 For more forms online visit www.cftampabay.org

DONOR INFORMATION

SECTION 1

Donor Name:	Email:
Address:	Phone:
City/State/Zip:	
Fund Name:	

As Advisor(s) to the above Fund, I/we recommend the following grant(s) to the Community Foundation of Tampa Bay's Board of Trustees:

ORGANIZATION INFORMATION

SECTION 2

Organization:	Grant Amount: (\$250 Minimum)
Address:	Contact:
City/State/ZIP:	Contact Title:
Is this grant anonymous? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is this grant recurring? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, frequency of grant: <input type="text"/> x Year
Additional Comments:	

Organization:	Grant Amount: (\$250 Minimum)
Address:	Contact:
City/State/ZIP:	Contact Title:
Is this grant anonymous? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is this grant recurring? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, frequency of grant: <input type="text"/> x Year
Additional Comments:	

Organization:	Grant Amount: (\$250 Minimum)
Address:	Contact:
City/State/ZIP:	Contact Title:
Is this grant anonymous? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is this grant recurring? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, frequency of grant: <input type="text"/> x Year
Additional Comments:	

ACKNOWLEDGEMENT

SECTION 3

I/We understand that this recommendation is advisory only and that final authority over all distributions made by the Foundation rests with the Board of Trustees, whose charge it is to ensure that the grants are made for charitable purposes consistent with IRS guidelines and within the mission of the Foundation. The grants suggested above will not result in any direct or indirect benefit to me/us or to any family member, nor do they represent the payment of any pledge or other financial obligation of mine/ours.

Date:

Signature:	Signature:
Print Name:	Print Name: