



Grant Recommendation Form

SEND COMPLETED FORM TO:

Community Foundation of Tampa Bay, 550 North Reo St. Suite 301, Tampa, FL 33609-1037
Phone 813.282.1975 Fax 813.282.3119

Email: grants@cftampabay.org Additional forms at 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:	
City/State/ZIP:	
This grant is anonymous: Yes <input type="checkbox"/> No <input type="checkbox"/> Please pay this grant one time only <input type="checkbox"/> OR Please pay grant <input type="text"/> time(s) a year for <input type="text"/> year(s).	
EIN #:	<i>Additional Comments:</i>

Organization:	Grant Amount: (\$250 Minimum)
Address:	
City/State/ZIP:	
This grant is anonymous: Yes <input type="checkbox"/> No <input type="checkbox"/> Please pay this grant one time only <input type="checkbox"/> OR Please pay grant <input type="text"/> time(s) a year for <input type="text"/> year(s).	
EIN #:	<i>Additional Comments:</i>

Organization:	Grant Amount: (\$250 Minimum)
Address:	
City/State/ZIP:	
This grant is anonymous: Yes <input type="checkbox"/> No <input type="checkbox"/> Please pay this grant one time only <input type="checkbox"/> OR Please pay grant <input type="text"/> time(s) a year for <input type="text"/> year(s).	
EIN #:	<i>Additional Comments:</i>

ACKNOWLEDGEMENT

SECTION 3

I understand that the above grant recommendations are advisory only. Final authority over these and all Foundation distributions rests with its Board of Trustees, whose charge it is to ensure that grants are made for charitable purposes consistent with IRS guidelines and within the Foundation's mission. Grant(s) suggested above will not result in any direct or indirect benefit having more than an insubstantial fair market value (within the meaning of applicable Internal Revenue Service guidelines) to me or to any family member, nor do they represent payment of any enforceable pledge or other financial obligation of mine.

Signature:	Date:	Signature:	Date:
Print Name:		Print Name:	