

GRANT RECOMMENDATION FORM



Fund Name: _____

As an advisor to you, I recommend the following grant(s) from the above named fund:

I understand that distributions from the above-referenced fund may be used only for charitable purposes. I certify that the recommendation(s) below does(do) not represent the payment of any irrevocable or legally binding pledge or other financial obligation, nor will the undersigned or any family member or advisor receive or expect any personal benefit from this charitable distribution. *(This includes admission or entrance to fundraising events including dinners, golf events, concerts, auctions, races).*

Grant #1

Have you recommended a grant to this organization before Yes No

Organization Name & Address:	Area Code and Phone #
	Amount of Grant (minimum \$250)
Purpose (e.g. for general support, unless indicated otherwise)	
Special Instructions (if any)	
Do you have a family member or other relative that is affiliated with this organization? Yes No (E.g. spouse, parents, grandparents, children, grandchildren and any of their respective spouses)	
Relationship to organization (Executive Director, Staff, Board Member):	

Grant #2

Have you recommended a grant to this organization before Yes No

Organization Name & Address:	Area Code and Phone #
	Amount of Grant (minimum \$250)
Purpose (e.g. for general support, unless indicated otherwise)	
Special Instructions (if any)	
Do you have a family member or other relative that is affiliated with this organization? Yes No (E.g. spouse, parents, grandparents, children, grandchildren and any of their respective spouses)	
Relationship to organization (Executive Director, Staff, Board Member):	

X

Advisor Signature

Date

Email, mail or fax this form to:

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