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GRANT RECOMMENDATION FORM
For committee-advised funds

Pursuant to the established terms of

THE _____ FUND,

A committee-advised fund of Community Foundation Sonoma County, I/we hereby recommend that the Community Foundation pay out a grant in the amount listed below to the following nonprofit:

Do you want your fund name mentioned in the letter to the grantee? yes no

Date: _____

Grant amount: \$ _____

Name of Nonprofit: _____

Contact Person: _____ **E-mail Address:** _____

Address: _____

Phone Number: _____ **Website:** _____

This grant is for the following charitable purpose: _____

I/we affirm that this grant recommendation does not represent the payment of any pledge or other financial obligation and that I/we are not receiving any material compensation as a result of this grant, including, but not limited to tickets for special events and other tangible benefits. This recommendation falls directly within the terms of the above-named Fund. I/we understand this is a recommendation only, not a direction to the Community Foundation.

Committee-Advisor Signature

Date

Committee-Advisor Signature

Date

Committee-Advisor Signature

Date

Committee-Advisor Signature

Date