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**GRANT RECOMMENDATION FORM
For Organization Funds**

Pursuant to the established terms of

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

Date: _____ Grant amount: \$ _____

Name of Nonprofit: _____

Contact Person: _____

Address: _____

Phone Number: _____

Website: _____ E-mail Address: _____

This grant is for the following charitable purpose: _____

I/we affirm that these grant recommendations do 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. (Only one signature is needed)

Signature (Fund Contact)

Date

Signature (Fund Contact)

Date