



120 Stony Point Road, Suite 220, Santa Rosa, CA 95401

sonomacf.org

GRANT RECOMMENDATION FORM

NAME OF FUND/Number:

A) NONPROFIT ORGANIZATION INFORMATION

| | |
|-------------------|----------------|
| Name: | Contact |
| Address: | Phone: |
| City, State, Zip: | Website/Email: |

B) DETAILS ON GRANT RECOMMENDATION

Amount (\$250 Minimum): \$ _____

Charitable Purpose:

General Operating Support

Other: _____

In honor of or In memory of (optional): _____

Please indicate special instructions (if any): _____

C) RECOGNITION AND ANONYMITY (Organizational fund holders skip to section D)

Letters to grantees include fund and donor names unless you instruct us otherwise.

Do not include fund name

Do not include donor name

Anonymous (NO fund name and NO donor name)

D) REGULATORY CONFIRMATION

In signing this form I understand that this recommendation, in accordance with IRS regulations covering charitable contributions, will not be used for the following purposes:

- to fulfill a pledge or commitment made to a nonprofit or educational institution
- to benefit a specific individual
- to support a political campaign or for lobbying
- to pay for a membership, dinner, raffle tickets or other benefits for the donor or a related party
- to provide financial or business benefits to the donor or a related party

E) REGULATORY CONFIRMATION

This recommendation falls directly within the terms of the above named fund. I/We understand this is a recommendation only, not a directive to Community Foundation Sonoma County.

Signature

Date

Signature

Date