GRANT RECOMMENDATION FORM

Please use this form to recommend grants (minimum $200). A notification letter and check will be sent to the recipients following approval of your recommendation. After your grant distributions are made, you will receive a confirmation for your records.

NAME OF FUND:	**FUND #**

ORGANIZATION:	**Recommended Amt: $**
Address:	**Purpose of Grant (if any):**
Contact Name/Title:	**Phone:**
ORGANIZATION:	**Recommended Amt: $**
Address:	**Purpose of Grant (if any):**
Contact Name/Title:	**Phone:**
ORGANIZATION:	**Recommended Amt: $**
Address:	**Purpose of Grant (if any):**
Contact Name/Title:	**Phone:**

We invite you to consider making a grant recommendation to CCF to support the ongoing mission of the Foundation. To help in this important way, please indicate your intention below. If you would like more information on either fund, please call 651-389-0300.

Purpose of Grant (***check <u>one or both</u> boxes***):

☐ ***CCF Friends of the Foundation Fund – recommended amount: $_____***

☐ ***CCF Community Priorities Fund – recommended amount: $_____***

As advisor to the fund, I recommend the grant(s) listed above and attest that they do not represent the payment of any pledge or other financial obligation, nor does the undersigned expect any personal benefit from this charitable distribution.

Fund Advisor: _____ _____

Signature *Please print name*

_____ _____

Date *Phone*

Mail to: **Catholic Community Foundation, One Water Street West, Suite 200, St. Paul, MN 55107**
Fax to: **651-389-0650 – ATTN: Grants Manager**

Approval**:** _____

President-CCF