



# Community Foundation of Orange and Sullivan

## GRANT RECOMMENDATION FORM

### INFORMATION

Name of Fund:

**Note:** Requests for grants to 501(c)(3) public charities must have copies of these IRS and CFOS required documents attached, or on file: Grantee's Tax Exempt Determination Letter\_\_\_\_, and most recent IRS Form 990 \_\_\_\_ or audited Financial Statements\_\_\_\_. (Check all that apply)

Grantee Name:

Grantee mailing address:

City:

State:

ZIP:

Grantee EIN:

Contact Name:

Is this grant anonymous?  Yes  No

Mail check to Grantee  Hold check for Fund Advisor Pick Up

Amount Recommended:

I Understand that the final approval of my grant recommendation rests with the Board of Directors, whose charge it is to see that all grants are within the charitable purposes of the Foundation. I do not expect any tangible benefit from the agency listed above as a result of this grant recommendation, and this recommendation does not represent payment of a personal pledge or any other financial obligation.

Fund Advisor Name (please print):

Fund Advisor Phone # and E-mail:

Signature:

Date:

Purpose of Grant:

Fully describe the purpose of the grant and attach supporting documentation (if applicable)

### COMMUNITY FOUNDATION OF ORANGE AND SULLIVAN

Address: 30 Scott's Corners Drive, Suite 203

City: Montgomery

State: NY

ZIP: 12549

Phone: (845) 769-9393 Fax: (845) 769-9391 E-mail: admin@cfosny.org

### APPROVAL BY COMMUNITY FOUNDATION OF ORANGE AND SULLIVAN

Approved by:

Date approved:

Comments: