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:	Share grant news on Social Media & with Press **Yes** **No**	
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: