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DONOR-ADVISED GRANT SUGGESTIONS

Name of Fund

AMOUNT	ORGANIZATION'S COMPLETE OFFICIAL NAME <i>Address required for first-time distribution or address change only.</i>	<i>Special program, department, or instructions to be printed on check. If blank, check will indicate General Support.</i>	<i>For Office Use Only</i>
1) \$			Grant Number: _____ Nonprofit Status: _____
2) \$			Grant Number: _____ Nonprofit Status: _____
3) \$			Grant Number: _____ Nonprofit Status: _____
4) \$			Grant Number: _____ Nonprofit Status: _____
5) \$			Grant Number: _____ Nonprofit Status: _____

I recommend that Rochester Area Community Foundation review and approve the above grant(s). The grantee may be asked to provide additional information and/or a grant report. I understand that the final judgment rests in the hands of the Community Foundation, which ensures that all the distributions meet the regulations of the Internal Revenue Code and are compatible with the policies and purposes of the Community Foundation. I certify that these recommendations do not represent the payment of any irrevocable or legally binding pledge or other personal financial obligation, and that neither I nor any family member will receive any goods, services, or other tangible membership benefits. If you have questions, please email **Kayleigh** at kshamp@racf.org.

AUTHORIZING SIGNATURE: _____

DATE: _____

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