



## Recommendations for Charitable Distributions

Submit To: North Carolina Community Foundation  
4601 Six Forks Road, Suite 524  
Raleigh, North Carolina 27609  
(919) 828-5495 fax

**Fund Name:** \_\_\_\_\_ **Fund Number:** \_\_\_\_\_

I recommend the following grants to the Distribution Committee of the North Carolina Community Foundation Board of Directors. I understand that final judgment rests with the Board, whose charge it is to see that all grants are within the charitable purposes of the Foundation. I certify that this recommendation does not represent payment of a legally binding pledge or other personal financial obligation on behalf of the fund representative(s), family members, or businesses they control, and that no tangible benefit, goods, or services (including dinners, tickets, etc.) were or will be received by any individual or entities connected with the Fund.

**My signature below certifies that I have read, understand, and agree to the above terms.**

***Grants will not be processed without this certification. Please keep a copy of this form for your records.***

\_\_\_\_\_  
**Signature of Fund Contact**                      **Name of Fund Contact**                      **Date**

\_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

*In addition to the grants recommended below, I would like to make a grant of \$\_\_\_\_\_ to the North Carolina Community Foundation Operating Endowment to support the Foundation's philanthropic work across our state. \_\_\_\_\_ (initial here)*

**I. Recipient Organization:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

Grant Amount: \$ \_\_\_\_\_ (\$100 minimum) Contact E-Mail: \_\_\_\_\_

Grant Purpose (if not general operating support): \_\_\_\_\_

Send Check to Organization                       Send Check to Me for Distribution                       This Grant is ANONYMOUS

*Office Use Only:* Grantee Profile #: \_\_\_\_\_ Verified: \_\_\_\_\_ Grant #: \_\_\_\_\_ Authorization: \_\_\_\_\_ Date: \_\_\_\_\_

**II. Recipient Organization:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

Grant Amount: \$ \_\_\_\_\_ (\$100 minimum) Contact E-Mail: \_\_\_\_\_

Grant Purpose (if not general operating support): \_\_\_\_\_

Send Check to Organization                       Send Check to Me for Distribution                       This Grant is ANONYMOUS

*Office Use Only:* Grantee Profile #: \_\_\_\_\_ Verified: \_\_\_\_\_ Grant #: \_\_\_\_\_ Authorization: \_\_\_\_\_ Date: \_\_\_\_\_

Fund Region: \_\_\_\_\_ County: \_\_\_\_\_ Staff: \_\_\_\_\_ I. Date Mailed: \_\_\_\_\_ II. Date Mailed: \_\_\_\_\_