



Essex County
Community Foundation

Grant Recommendation

I recommend the following distribution from:

_____ Date: _____
(Name of Fund)

Recipient Organization:		
Address:		
City:	State:	Zip:
Contact person:		
Title:		
Telephone:	Fax:	
E-mail:		

Amount of grant:
Purpose (how are the funds to be used by the organization):
I wish to remain Anonymous (Check one) <input type="checkbox"/> Yes <input type="checkbox"/> No
In signing this grant recommendation the Donor/Advisor(s) attest to the fact that this grant recommendation does not represent payment of a pledge or other financial obligation nor will the Donor /Advisor or any related party receive any personal benefit in exchange for or in connection with this recommended contribution.
DONOR/ADVISOR SIGNATURE:

For internal use only

Qualified Organization: 501c3 <input type="checkbox"/> Yes <input type="checkbox"/> No Public Agency <input type="checkbox"/> Yes <input type="checkbox"/> No
IRS Determination Letter Requested: (date) IRS Letter Rec: (date)
Sufficient funds available to spend: <input type="checkbox"/> Yes <input type="checkbox"/> No
Recommendation matches intent of the fund: <input type="checkbox"/> Yes <input type="checkbox"/> No
Additional information:
Executive Committee email requesting approval: (date)
EXECUTIVE COMMITTEE APPROVAL: (date)
BOARD Approval: (date)

Revised 1/5/10

175 Andover Street
Danvers, MA 01923
tel: 978-777-8876 fax: 978-777-9454
Email: info@eccf.org