



THE COMMUNITY'S FOUNDATION

### Advised Funds Grant Recommendation Form

\_\_\_\_\_  
Name of Fund

\_\_\_\_\_  
Date

I/we acknowledge that these recommendations do not represent a payment of any pledge or other financial obligation, nor do I/we expect any personal benefits from this charitable distribution. The final judgment about this recommendation rests with the Board of Directors at TCF, whose charge it is to see that all distributions from funds are consistent with the Foundation's purpose, have met the due diligence requirements, and comply with IRS regulations.

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Name of Nonprofit Organization

\_\_\_\_\_  
Amount of Proposed Grant  
(minimum of \$250)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Contact Name/Title

\_\_\_\_\_  
Phone

Contact Email Address (if available): \_\_\_\_\_

\_\_\_\_\_  
Instruction for restriction on use of grant funds

\_\_\_\_\_  
EIN#

\_\_\_\_\_ I confirm that the above grant recommendation is not a pledge previously made to the non-profit named above.

Name of person confirming: \_\_\_\_\_

If you would like this grant to remain anonymous, if yes, please indicate here: \_\_\_\_\_

Please complete the form and email to [info@TCFhelps.org](mailto:info@TCFhelps.org), or mail to 900 W. Sproul Road, Suite 101, Springfield, PA 19064. If you have any questions, please call 610-461-6571.