



Name of Fund: _____ **Date:** _____

I recommend the following grant(s) to the Board of Directors. I understand that this is a recommendation and not a direction, and that the Community Foundation for Brevard may deny this grant request if it does not meet the policies of the Foundation and the requirements of the Pension Protection Act of 2006.

Grant Recommendation

I certify that the grant(s) recommended meets the requirements, specifically that the grant will NOT:

- Fulfill an obligation of an existing legally-binding pledge agreement;
- Pay for dues, membership fees, tuition, goods from charitable auctions, or other goods or services that provide more than an incidental benefit to me or any other individual;
- Support a political campaign or lobbying activity,
- Support a private, non-operating foundation.

Total Grant Amount Requested: \$ _____

Please include the address only if you are recommending the organization for the first time or it is located outside of Brevard County.

Organization Name: _____

Executive Director/Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Grant Amount: \$ _____ Purpose: _____
(min \$250)

Anonymous? Yes No *(if none listed, grant will be unrestricted)*

Organization Name: _____

Executive Director/Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Grant Amount: \$ _____ Purpose: _____
(min \$250)

Anonymous? Yes No *(if none listed, grant will be unrestricted)*

Organization Name: _____

Executive Director/Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Grant Amount: \$ _____ Purpose: _____
(min \$250)

Anonymous? Yes No *(if none listed, grant will be unrestricted)*

Advisor's Signature *(authorized fund representative)*

Printed Name