

Grant Nomination Form

Name(s) of Person(s) Making Nomination:

Have questions? Need assistance? Community Foundation

200 E Buffalo St Suite 202 Ithaca, NY 14850

Name of Fund:

(607) 272-9333 info@cftompkins.org

Information About You

	Info <u>rm</u>	ation About Pro			
Name of Charitable Organization:			Mailing Address:		
Name of Contact at O	rganization:		City:	State:	ZIP Code:
mail Address:			Telephone Number:		
		nation About G			
Amount of Proposed (Grant (\$200 minim		alance, if less):		
		\$			
Grant Purpose or Proj	ject (<u>if no purpose</u>	or project is spe	<u>ecified,</u> grant i	s unrestricted):	
This grant is \square in me	mory of \square in hono	r of (include nan	ne and address	for notification)	:
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☐ XYZ Fund of the Cor	-		•	rounaation)	
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Donor Engagement (o	nly for grants of \$5	5.000 or more):			
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