



Grant Nomination Form

Have questions? Need assistance?
Community Foundation
 200 E Buffalo St Suite 202 (607) 272-9333
 Ithaca, NY 14850 info@cftompkins.org

Information About You

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

Information About Proposed Recipient

Name of Charitable Organization: _____ Mailing Address: _____

Name of Contact at Organization: _____ City: _____ State: _____ ZIP Code: _____

Email Address: _____ Telephone Number: _____

Information About Grant Nomination

Amount of Proposed Grant (\$200 minimum or account balance, if less):

	\$	
--	----	--

Grant Purpose or Project (if no purpose or project is specified, grant is unrestricted):

This grant is in memory of in honor of (include name and address for notification):

Attribution Formatting (if no options are selected, default formatting will be used):

- Community Foundation's XYZ Fund (default) Anonymous (e.g. Anonymous Fund of the Community Foundation)
- XYZ Fund of the Community Foundation
- Community Foundation (attribute foundation only, not fund)

Donor Contact (if no option is selected, your contact information will not be shared):

- Do not share my name and address with grantee organization (default)
- Please share my name and address with grantee organization in the following format:

Donor Engagement (only for grants of \$5,000 or more):

- I would like to join the foundation on a site visit I would like to receive a grantee report

Inspiration for Grant Nomination (select all that apply):

- Community Foundation contact (e-mail, newsletter, event, staff, etc.) I have seen proven results in the community from my grants to this organization
- Response to a grant cycle invitation (please specify): Result of a request from the organization
 - Library Fall
 - Spring Women's Fund
 - Out of Cycle Request
- Other (please specify):

Authorization (please read carefully)

I hereby make the foregoing nomination for a grant to be made from the fund identified above and certify that this nomination is **NOT**: (1) made to fulfill a pre-existing pledge to the nominated charity, (2) made directly to an individual, (3) causing me nor any other individuals or organizations fitting the description of donor, advisor, or related party to receive or expect to receive any benefits, goods, or services from the grantee in exchange for this nomination, for any grant that may be made by the foundation upon acceptance of this nomination, nor in any situation related to this grant, nor (4) resulting in me nor in any related parties receiving grants, loans, compensation, salary, or similar payments.

This nomination and any subsequent grants are subject to the terms and conditions set forth in the fund agreement and to all applicable rules and regulations of the Internal Revenue Code.

Authorized Signature(s): _____ Date: _____

OFFICE	Date Received		Grant #		SS		FIMS	
	Signature		Recipient		Purpose		Report Due Date	
	Approved by:	<input type="checkbox"/> CEO <input type="checkbox"/> EC <input type="checkbox"/> BOD	Approval Date:				P.O. Review	
	Post to Accounts Payable		Check #				Check Mailed	