



**COMMUNITY
FOUNDATION**
of Northern Nevada

Grant Recommendation Form

Please use this form to recommend grants from your Fund at the Community Foundation of Northern Nevada. Complete one form for each grant recommendation; then sign the form and fax or mail it to the Foundation at:

50 Washington Street, Suite 300 Reno, NV 89503
FAX 775-333-5487 // Phone 775-333-5499

Grantee:

Profile ID Code (CFWN provides):

EIN:

Grant Amount:

Date:

Grantor:

Fund ID Code(CFWN provides):

Purpose (if other than general support, state here):

Special disbursement date(s)?

Anonymous?

Grantee Contact Name, Title, email, and Phone:

Program Code:

Program notes:

Staff Code:

I/We understand that the Board of Trustees of the Community Foundation of Northern Nevada will be guided by the Articles of Incorporation and the Bylaws creating the Foundation and the general grantmaking policies of the Community Foundation. Disbursements or grants from the Fund do not represent commitments on a pledge or any other financial obligation. I/we understand that donor advisors may not receive tickets for dinner or performances or other compensation benefits in excess of \$25 per IRS regulations.

Advisor(s) making recommendations:

Office use only below this line:

Finance Authorization