



Advised Fund Grant Recommendation Form

Year-end Alert: If you would like the organization(s) you wish to support to receive grant checks prior to December 31, please submit your recommendations to the Foundation by December 15.

Name of Advised Fund: _____

Name of Advisor(s) making recommendations: _____

Total Number of Grants: _____ Total Amount of All Grant Recommendations: \$ _____

As advisor(s) to this Fund, I/we suggest that the Vermont Community Foundation, as authorized by the Board of Directors, consider the following grants to:

Organization Name: _____

Grants are usually sent to the organization's executive director or development director. Please include the address and phone number if you are recommending the organization for the first time.

Street, City, State, Zip: _____

Phone: _____ Web Address (optional): http://_____

Amount (minimum is \$250): _____

Grant Purpose: _____

Special Instructions: _____

Fund Advisor Recognition in Grantee Letters (please choose one)

- Fund and Advisor ANONYMOUS
- Fund and Advisor NAMED with Advisor's Address*
- Fund NAMED, Advisor ANONYMOUS
- Fund ANONYMOUS, Advisor NAMED with Advisor's Address*

* Allows the grantee to send a thank you directly to you

Use this page for a single recommendation. For additional recommendations, use pages 2 and 3.

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AGREED CONDITIONS: By signing below, I attest that this grant will NOT:

- pay for goods, services, or any other material benefit for me and/or any member of my family. Material benefits include but are not limited to membership fees, dues, tuition, and auction items;
- pay for attendance/tickets to a charitable event, such as a gala, luncheon, or sporting event;
- be restricted or earmarked to benefit a specific individual;
- represent payment of any pledge or other financial obligation for me or any member of my family;
- support a political campaign and/or fund a lobbying communication that reflects the view of support or opposition to specific legislation;
- support a private non-operating foundation;
- support an organization for which I am, and/or a member of my family is, a paid employee. I attest that I/we only serve in a voluntary capacity.

I understand final grant approval rests with the Vermont Community Foundation, whose charge it is to see that all distributions are within the legal parameters of advised fund grantmaking.

Advisor Signature

Date

Please return to: The Vermont Community Foundation
3 Court Street, Middlebury, VT 05753 • Fax: 802-388-3398 • Tel: 802-388-3355

To make recommendations online, go to **DonorCentral** at <http://www.vermontcf.org/donorcentral/>



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