

GRANT RECOMMENDATION FORM



FUND NAME

Fund Name: _____

GRANT DETAILS

Grant #1	
For Internal Use	Organization: _____
	Address: _____
	City/State/Zip: _____
#: _____	Contact Name/Title: _____
GS: _____	Phone: _____ Amount (\$250 minimum): _____
Cert: _____	Email: _____
	Purpose of grant (e.g. general program support, for a specific program)* _____ _____
	Additional information (if any): _____ _____

Grant #2	
For Internal Use	Organization: _____
	Address: _____
	City/State/Zip: _____
#: _____	Contact Name/Title: _____
GS: _____	Phone: _____ Amount (\$250 minimum): _____
Cert: _____	Email: _____
	Purpose of grant (e.g. general program support, for a specific program)* _____ _____
	Additional information (if any): _____ _____

*If no purpose is listed, grants will be made for general program support.

(Cont.)

IN HONOR/MEMORY

If you would like your grant to be made in someone's honor or memory, please provide the following information:

- ☐ In honor of
☐ In memory of

Name: _____

If you would like someone to receive notification of this grant, please provide the following information:

Name: _____

Address: _____

City/State/Zip: _____

Email: _____

Phone: _____

Comments: _____

ACKNOWLEDGMENT OF TERMS

I understand that this is a recommendation, not a direction. I further understand that Akron Community Foundation (ACF) reviews all grants to ensure the organization is a qualified charity under IRS regulations, and that the purpose of the grant is charitable in nature. ACF may deny a recommendation if the grant does not meet criteria for approval. By submitting, I acknowledge that this grant is not intended to:

- Acquire more than an incidental benefit, goods or services for any specific individual or myself. (This includes admission or entrance to fundraising events such as dinners, golf events, concerts, auctions and races.)
- Pay for dues, membership fees, tuition, goods from a charitable auction, or other goods or services.
- Support a political campaign or lobbying activity.
- Support an individual.
- Support a private non-operating foundation.

Please note: Grants are processed on the same days each month – the 1st and 15th (or the following business day). Please allow up to two weeks for your grant recommendations to process. Grants to new nonprofits may take longer as we complete the due diligence process.

Advisor Signature

Date (month/day/year)

RECOGNITION

A letter accompanying your grant will be sent to your selected charity. Your name, as well as your fund name, will be included in that letter. If you would prefer that your name or fund name remains anonymous, please select one or both of the options below:

- ☐ I would like my name kept anonymous
☐ I would like my fund name kept anonymous

CO-INVESTMENT

Akron Community Foundation shares its competitive grant applications with donor-advised fundholders so they have the opportunity to co-invest in programs happening right here in Summit and Medina counties. If the grant you are recommending is a co-investment, please indicate so below.

- ☐ This is a co-investment

RETURN THIS FORM

Return this completed form and other documentation by email, mail or fax to:

Cathy Kemp | Akron Community Foundation
345 W. Cedar St., Akron, OH 44307

Fax: 330-376-0202 | Phone: 330-436-5616
Email: ckemp@akroncf.org