

Date:	
Approved By:	
FUND ID:	
Paid Date:	
Grant Number:	
Program Officer:	

## Agency Fund Grant Recommendation Form

<b>Agency Fund Name:</b>	
<b>Amount Recommended:</b>	
<b>Payee:</b> (if other than Agency)	
<b>Tax ID#:</b>	
<b>* If endowment funds are designated for a specific purpose, please provide additional documentation to support your request</b>	
<b>Signature of Authorized Fund Rep:</b>	<b>Date:</b>
<b>Printed Name:</b>	
<b>Title:</b>	
<b>Phone Number:</b>	
<b>E-Mail :</b>	
<input type="checkbox"/> <b>Please mail the grant check:</b> *If your organizations address has changed, please update below* <b>Street Address:</b> <b>City, State, Zip:</b>	
<input type="checkbox"/> <b>Please hold grant for pick up</b> <b>Name of person to pick up check:</b> <b>Phone number and email of person to pick up check:</b>	

Staff only

ACF CEO and Board Chair approval is required for grants between \$25,000 and \$50,000. Full Board approval is required for grants over \$50,000.

ACF CEO

ACF Board Chair

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_