



Grant Recommendation by Fund Advisor

Recommended RECIPIENT Information

Date Submitted _____

Organization Name _____

Organization EIN (Employer Identification Number) _____

Organization Address, City, State, Zip Code _____

Does this support a specific program or cause? If so, designate here: _____

\$
Recommended Grant Amount _____

Recommended Timing for Grant Disbursement _____

Delivery Method (Choose One):

- Mailed directly to organization
- Picked up by Advisor for delivery
- Mailed to Advisor for delivery, address: _____

Fund Advisor(s) Information

Fund Account Number _____

Fund Name _____

Fund Advisor Name _____

Fund Advisor Signature (*required*)

Fund Advisor Contact Information (*best way to contact you if there are questions regarding this form*) _____

Form Submission

Fax: (512) 863-2484 or Email: friends@chisholm-trail.org or delivered to 116 W. 8th Street, 2nd Floor

For Internal Use Only

Guidestar checked _____

Check/Transfer Prepared by: _____ Check #/Transfer: _____ Payment Date: _____

Check/Transfer Signed by: 1. _____ 2. _____

[2 signatures must be obtained if the amount is \$500 or more]