



## 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: [office@chisholm-trail.org](mailto:office@chisholm-trail.org) or delivered to 116 W. 8<sup>th</sup> Street, 2<sup>nd</sup> Floor

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### 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]