

# GRANT RECOMMENDATION FORM



Catholic Community Foundation  
THE ARCHDIOCESE OF SAINT PAUL AND MINNEAPOLIS

Please use this form to recommend grants (minimum \$100). A notification letter and check will be sent to the recipients following approval of your recommendation. After your grant distributions are made, you will receive a confirmation for your records.

NAME OF FUND:	FUND #
ORGANIZATION:	Recommended Amt: \$
Address:	Purpose of Grant (if any):
Contact Name/Title:	Phone:
ORGANIZATION:	Recommended Amt: \$
Address:	Purpose of Grant (if any):
Contact Name/Title:	Phone:
ORGANIZATION:	Recommended Amt: \$
Address:	Purpose of Grant (if any):
Contact Name/Title:	Phone:

We invite you to consider making a grant recommendation to CCF to support the ongoing mission of the Foundation. To help in this important way, please indicate your intention below. If you would like more information on either fund, please call 651-389-0300.

Purpose of Grant ( <i>check <u>one or both</u> boxes</i> ): <input type="checkbox"/> CCF Friends of the Foundation Fund – recommended amount: \$ _____ <input type="checkbox"/> CCF Community Priorities Fund – recommended amount: \$ _____
--

*As advisor to the fund, I recommend the grant(s) listed above and attest that they do not represent the payment of any pledge or other financial obligation, nor does the undersigned expect any personal benefit from this charitable distribution.*

Fund Advisor: \_\_\_\_\_  
*Signature* *Please print name*  
 \_\_\_\_\_  
*Date* *Phone*

Mail to: Catholic Community Foundation  
One Water St. W. #200, St. Paul, MN 55107

or Fax: 651-389-0650 – ATTN: Grants Manager

Approval: \_\_\_\_\_  
*President-CCF*