Office use only:

## **Grant Recommendation Form**

Updated December 2022



For Grant-making Procedures, please refer to the Policies and Procedures Booklet. JCF will not forward any enclosures with grants. Please scan and email this form to info@jcfny.org.

1. NAME OF FUND:	FUND #:
2. RECOMMENDED CHARITY	
Name of Organization:	
ATTN: (name/title/dept.):	
3. GRANT AMOUNT (minimum \$100; \$36 for c	hildren's funds):
4. RECOMMENDED PURPOSE. You may not u	use your JCF fund for impermissible benefits (see section 7).
The grant is issued as a general contribution, ur	nless you select one of the following:
Annual Campaign	The grantee may notify an individual
Capital Campaign	not on the fund (optional):
In memory ofÁ	Name(s):
In honor of	Address:
Other:	
ANONYMOUS (fund name and fund participa	ants are not listed)
6. COMMENTS TO JCF STAFF concerning th	e processing of this grant:
receive any impermissible benefit from a recommended grant events, memberships that have a non-deductible portion, tuition	<b>E(S):</b> By signing this form, I hereby certify that neither I nor anyone else will to this charitable organization. This includes, for example, admission to charitable on, raffle tickets, and goods or services bought at a charitable auction. In addition, ividuals or families, and is not made for lobbying purposes or to support a political a charitable deduction for grants made by JCF.
Print name(s) of person(s) signing this form:	Signature(s) (Stamps and electronic signatures are not acceptable):
Daytime phone or e-mail address:	Date:
Daytime phone or e-mail address:	