

## GRANT RECOMMENDATION FORM

DONOR: \_\_\_\_\_

FUND: \_\_\_\_\_

Please note that the Community Foundation will return incomplete forms. To recommend more than one organization, please use the additional spaces provided on page 2.

According to the terms of the Donor Advised Fund that I (we) have established with the Community Foundation of Northern Illinois, I (we) present the following grant recommendation for approval:

Please provide the following information for the recommended organization to receive a check.

Name of Recommended Organization to Receive Check	Recommended Organization EIN (Tax ID)
Recommended Organization Address	Recommended Organization City, State, Zip Code
Recommended Organization Contact Name	Recommended Gift Amount
Purpose of Gift (Required)	

You MAY NOT share my contact information with the recommended grantee organization (for anonymous gifts).

I (we) certify that I (we) have received a copy of the Donor Advised Fund Policy, and in accordance with that policy, the above recommendation(s) do not represent the payment of any irrevocable or legally binding pledge or financial obligation, nor does the undersigned or any family member expect any personal benefit from this charitable distribution. I (we) also acknowledge the above recommendation(s) are subject to approval of the Board of Trustees of the Community Foundation of Northern Illinois.

\_\_\_\_\_  
Donor/ Designee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Donor/Designee Signature (if applicable)

\_\_\_\_\_  
Date

### Advised Grant Guidelines

All recommendations must be consistent with CFNIL's mission; acceptable grants include regular grant recommendations, developing a philanthropic program, project grants, etc. Failure to make grant recommendations in 3 successive years will result in the fund becoming part of the unrestricted funds of CFNIL. Please reference your fund agreement and the Donor Advised Fund Policy (DCN 230002) for additional details.

Checks will be mailed directly to the recommended organization(s).

Please contact Ciara Stahly at (779)210-8203 with any questions or concerns.

Return completed forms to Kate Black at [kblack@cfnil.org](mailto:kblack@cfnil.org) or:

**Community Foundation of Northern Illinois**  
**Attn: Kate Black**  
**946 N. 2nd St.**  
**Rockford, IL 61107**



# GRANT RECOMMENDATION FORM

Name of Recommended Organization to Receive Check	Recommended Organization EIN (Tax ID)
Recommended Organization Address	Recommended Organization City, State, Zip Code
Recommended Organization Contact Name	Recommended Gift Amount
Purpose of Gift (Required)	

You MAY NOT share my contact information with the recommended grantee organization (for anonymous gifts).

Name of Recommended Organization to Receive Check	Recommended Organization EIN (Tax ID)
Recommended Organization Address	Recommended Organization City, State, Zip Code
Recommended Organization Contact Name	Recommended Gift Amount
Purpose of Gift (Required)	

You MAY NOT share my contact information with the recommended grantee organization (for anonymous gifts).

Name of Recommended Organization to Receive Check	Recommended Organization EIN (Tax ID)
Recommended Organization Address	Recommended Organization City, State, Zip Code
Recommended Organization Contact Name	Recommended Gift Amount
Purpose of Gift (Required)	

You MAY NOT share my contact information with the recommended grantee organization (for anonymous gifts).

Name of Recommended Organization to Receive Check	Recommended Organization EIN (Tax ID)
Recommended Organization Address	Recommended Organization City, State, Zip Code
Recommended Organization Contact Name	Recommended Gift Amount
Purpose of Gift (Required)	

You MAY NOT share my contact information with the recommended grantee organization (for anonymous gifts).