

HCF Grant Recommendation Form

Fund Name:

Fund ID:

I recommend a grant in the amount of: _____ be made from the Fund described above to:
(*\$250.00 minimum*)

Charitable Organization Information

Name: _____

Address: _____

Contact person & title: _____ Phone: _____

Org. Web Address (optional): _____ Org. Tax ID # (optional) : _____

Type of organization/activities (please send along any descriptive literature): _____

Check this box if you previously recommended a grant to this organization from this Fund:

I understand that this is a recommendation only, and not a direction. I also understand that Hudson Community Foundation will perform its own review of the charitable organization I have recommended.

This recommendation **does not represent the payment of any personal pledge** or other financial obligation of mine. If any benefits or privileges are offered in connection with this grant, I have not and will not accept them.

Advisor's (or Spokesperson's) signature and date

Any statement for this organization that you would like included in the letter accompanying the grant check:

Anonymous – Check box(es) if Fund name and/or Advisor name **should NOT** appear on grant letter & check

Preferred distribution date (check one): As soon as possible Future date (please specify): _____

Recurring: Start date _____ Frequency _____

(Grants are usually processed within 10 working days once received unless a date is specified)

Additional comments for HCF staff concerning the processing of this grant: _____

Upon completing this form, please forward to:

Hudson Community Foundation
P.O Box 944
Hudson, Ohio 44236
Phone: 330-655-3580
Fax: 330-650-3588

Email: funds@hudsoncommunityfoundation.org