



GRANT RECOMMENDATION FORM

As the fund advisor(s), I/we recommend the following distributions from the Donor Advised Fund held in my/our name. The recommendation is made with the understanding that all recommendations must receive the approval of the Board of Directors of COMMUNITY FOUNDATION FOR ROCKBRIDGE, BATH AND ALLEGHANY for grant consideration:

Name of Charitable Organization, Agency or Program	Purpose (if other than for general support)	Recommended Grant Amount

As you think about your grant recommendations, we invite you to also consider the option below.

I would like to give back to my community by making a grant recommendation in the amount of \$_____ to the Foundation's **Unrestricted Fund** so that it can support important community programs as they arise.

I/We understand that the above recommendation(s) are advisory in nature and that the Foundation must independently research and verify the charitable nature of all such recommendation(s) prior to approving any grants from funds contributed to it. Further, I/we understand that grant recommendations should not be made to satisfy any existing legally-enforceable written pledges or to personally obtain any direct tangible benefit from the grant distribution(s) including I understand that distributions from Donor Advised Funds may not be used to pay for previously made pledges, nor may funds be used to pay for any prior obligations.

Signature(s): _____ Date: _____

(NOTE: For audit purposes, it is important that we have an original Grant Recommendation Form on file. However, this form may be faxed to the Foundation's office at (540) 463-0943 and then mailed (with original signature) to COMMUNITY FOUNDATION FOR ROCKBRIDGE, BATH AND ALLEGHANY PO Box 20 Lexington, Virginia 24450