



CENTRAL CAROLINA  
**Community Foundation**

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## Grant Recommendation Form

We request the Program & Grantmaking Committee of Central Carolina Community Foundation review and approve the following distribution(s) from the \_\_\_\_\_ Fund.

**Organization(s)**

**Amount**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**TOTAL**

\_\_\_\_\_

I understand that final approval rests in the hands of the Program & Grantmaking Committee in whose charge it is to see that all distributions are within the purposes of Central Carolina Community Foundation. Further, I acknowledge that this recommendation for distribution does not fulfill any legally binding pledge nor represent payment for any services received by me or members of my family.

Signature \_\_\_\_\_

Date \_\_\_\_\_

\*Please note there is a two-to-three week turnaround period for check disbursements depending upon when this form is submitted to Community Foundation staff.

*Please return to Jo Bull, Chief Operating Officer, via mail or fax.*

For Office Use

Fund ID # \_\_\_\_\_

Verify Fund Availability \_\_\_\_\_

Guidestar Charity check - 501(c)(3) \_\_\_\_\_

App #(s) \_\_\_\_\_

Payment Date \_\_\_\_\_

Special Circumstances \_\_\_\_\_

Board Approval Date \_\_\_\_\_