



HURON COUNTY
COMMUNITY FOUNDATION

DONOR ADVISED FUND GRANT RECOMMENDATION FORM

•Please sign and mail completed form to the Huron County Community Foundation.

•To include additional grant recommendations, please use additional pages.

I. DONOR ADVISED FUND INFORMATION

Fund Name _____

Fund Advisor Name _____

II. RECOMMENDATIONS FOR GRANTS (minimum grant \$250)

Organization Name _____	Amount \$ _____
Address _____	
Purpose <i>(if other than for general support)</i> _____	
Special Instructions _____	

Organization Name _____	Amount \$ _____
Address _____	
Purpose <i>(if other than for general support)</i> _____	
Special Instructions _____	

Organization Name _____	Amount \$ _____
Address _____	
Purpose <i>(if other than for general support)</i> _____	
Special Instructions _____	

Organization Name _____	Amount \$ _____
Address _____	
Purpose <i>(if other than for general support)</i> _____	
Special Instructions _____	

Organization Name _____	Amount \$ _____
Address _____	
Purpose <i>(if other than for general support)</i> _____	
Special Instructions _____	

Organization Name _____	Amount \$ _____
Address _____	
Purpose <i>(if other than for general support)</i> _____	
Special Instructions _____	

III. ACKNOWLEDGEMENT OPTIONS

Include name of Donor
 Include name of Fund
 Anonymous

IV. CERTIFICATION

I/we understand that these are recommendations only. I/we also understand that the Erie County Community Foundation on behalf of the Huron County Community Foundation will perform its own review of each such recommendation to determine whether such recommendation is consistent with charitable needs deserving of support by the Foundation and will inform me/us if any recommendations are not approved.

If any benefits or privileges are offered in connection with any of these recommended grants, I/we have not and will not accept them.

If I/we wish to do so, I/we will attach a written copy of any statement that I/we would like included in the Huron County Community Foundation notice accompanying grant checks and notices of transfers to existing HCCF funds.

_____ Date _____
Fund Advisor(s) signature(s)

OFFICE USE:		
Approval: _____	Title: _____	Date: _____