



**GRANT RECOMMENDATION FORM**

As the fund advisor(s), I/we recommend the following grant(s) to the Board of Governors of Foundation for Roanoke Valley for grant consideration from the \_\_\_\_\_.

Name of Charitable Organization, Agency or Program	Purpose (if other than for general support)	Recommended Grant Amount	FOR INTERNAL USE ONLY
		(minimum grant amount \$100)	<input type="checkbox"/> GuideStar Report <input type="checkbox"/> Most recent audit <input type="checkbox"/> Board List FIMS ID #: _____ Grant #: _____ Approved by: _____ Date Approved: _____
		(minimum grant amount \$100)	<input type="checkbox"/> GuideStar Report <input type="checkbox"/> Most recent audit <input type="checkbox"/> Board List FIMS ID #: _____ Grant #: _____ Approved by: _____ Date Approved: _____
		(minimum grant amount \$100)	<input type="checkbox"/> GuideStar Report <input type="checkbox"/> Most recent audit <input type="checkbox"/> Board List FIMS ID #: _____ Grant #: _____ Approved by: _____ Date Approved: _____

*If additional space is needed for grant recommendations, please see the reverse side.*

**As you think about your grant recommendations, we invite you to also consider the two options below.**  
*Together we can make a difference!*

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

I would like to become a member of the "Friends of the Foundation" and recommend a grant of \$\_\_\_\_\_ (\$500 or more) to the **Operating Fund** to support the administration of the Foundation and its work in the community.

**I/We certify that:**

- the recommendation(s) included on this form 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.
- grant recommendations cannot be made to satisfy any existing legally-enforceable written pledges or to personally obtain any direct tangible benefit from the grant distribution(s) including, but not limited to, memberships, dinners, gala or event tickets.

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) 982-8175 and then mailed (with original signature) to Foundation for Roanoke Valley, P.O. Box 1159, Roanoke, VA 24006.)**

**Continued Grant Recommendations**

Name of Charitable Organization, Agency or Program	Purpose (if other than for general support)	Recommended Grant Amount	FOR INTERNAL USE ONLY
		(minimum grant amount \$100)	<input type="checkbox"/> GuideStar Report <input type="checkbox"/> Most recent audit <input type="checkbox"/> Board List FIMS ID #: _____ Grant #: _____ Approved by: _____ Date Approved: _____
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**PLEASE NOTE: Grants that meet the Foundation’s due diligence requirements are paid on the 15<sup>th</sup> and the last day of each month. Recommendations must be received at least 10 days prior to the distribution date; any recommendations received thereafter will be distributed with the next grant distribution. This process may be slowed if the recommended organization does not respond to the Foundation’s request for information in a timely manner. The minimum grant per organization is \$100.**