North Valley COMMUNITY FOUNDATION

Internal Use Only:

Posted on:_____

Posted by:_____

Check number:_____

GRANT/SCHOLARSHIP RECOMMENDATION

Fund Name_____

The advisory board of the above-named donor advised fund recommends approval of the following grant. The advisors confirm that they will receive no tangible benefit, goods or services from these recipients.

We recommend to the North Valley Community Foundation that the following receiver be awarded as follows:

Make Check Payable to_____

Address_____

SSN/Tax ID#_____ Grant Amount: $_____

Purpose/on behalf of:_____

Special conditions and/Handling instructions (if any):_____

Mail ☐ Hold for Pickup ☐ Name: _____ Phone:_____

If you'd like to write a letter to enclose with your grant, please send electronically to nvcf@nvcf.org at the time of this request.

_____ _____

Authorized Advisor Signature Date

_____

NVCF Chief Executive Officer/President NVCF Board of Directors

Upon verification of the designated grant and consent of the Board of Directors of the North Valley Community Foundation, a check will be issued directly to the awardees. Please allow two weeks for the Foundation to act upon this recommendation unless the grant is of an emergency nature.

Return this form to:
NORTH VALLEY COMMUNITY FOUNDATION
240 Main Street, Suite 260, Chico, CA 95928
P. 530.891.1150 – F. 530.891.1502