

## **Grant Distribution Recommendation Form**

Gift Fund Name:	Fund Number:		_ Date:	
Please complete the form below to request grant distribution of the recipient organization is on our Eligible List of Grant organization is not on the eligible list, grant process	antees, the address and contact i	information i	s not required. It	f
You may also request grants through our online donor	portal, <b>MyFFTC</b> , through our web	osite at <u>https</u>	s://myfftc.org.	
1. ORGANIZATION:	ANONYMOUS GRANT?	Yes	No	
\$				
SUGGESTED GRANT AMOUNT	STREET ADDRESS			
DESIGNATION	CITY S7	ATE	ZIP	
SPECIAL INSTRUCTIONS/REQUESTS	BUSINESS PHONE			
2. ORGANIZATION:	ANONYMOUS GRANT?	<sup>2</sup> Yes	No	
\$				
SUGGESTED GRANT AMOUNT	STREET ADDRESS			
DESIGNATION	CITY S7	ATE	ZIP	
SPECIAL INSTRUCTIONS/REQUESTS	BUSINESS PHONE			
3. ORGANIZATION:	ANONYMOUS GRANT?	<sup>2</sup> Yes	No	
\$				
SUGGESTED GRANT AMOUNT	STREET ADDRESS			
DESIGNATION	CITY ST	ATE	ZIP	
SPECIAL INSTRUCTIONS/REQUESTS	BUSINESS PHONE			
I (we) recommend the following distributions to the Boathe hands of the Board, whose charge it is to see that a The Carolinas. I (we) acknowledge that the requested enforceable pledge nor does the undersigned expect a	all grant distributions are within the recommendations do not represe	ne purpose on the payment the	of Foundation Follent of any legall	r
Signature	Date			
Signature	Date			

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Forward signed copy to: Foundation For The Carolinas, Attn: Grants Specialist