

Grant Recommendation Form

Date: _____

I suggest distribution(s) from the _____ to the following organization(s) in the amount(s) listed:

1. Organization's official name		Have you recommended a grant to this organization before? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes," then skip to #4.)	
		Attn:	
2. Organization's mailing address			
3. City	State	Zip	Phone (if available)
4. Amount of grant \$	5. Special instructions or purpose (e.g., for operating expenses)		

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Providing complete organizational information will speed your requests. Upon receipt, the Foundation normally processes grant recommendations and makes payments within fifteen business days.

Please: Note that I/we choose to remain anonymous to the grant recipient(s).
 Note that I/we choose the fund name to remain anonymous to the grant recipient(s).

To ensure compliance with the IRS, in relation to the grant(s) referenced above, I agree that 100% will be used for a charitable purpose, and neither I nor anyone I know will receive any personal or incidental benefit in return. This includes tickets, tables and auction items. I also acknowledge that the grant(s) referenced above will not fulfill a legally binding pledge or commitment.

Signature

Phone Number

3300 Truxtun Avenue, Suite 220, Bakersfield, CA 93301 (661) 325-5346 Fax (661) 325.5358
Email: danette @kernfoundation.org

KCF use only: Fund ID: _____
Approved By: _____ Date: _____
Approved By: _____ Date: _____