



Grant Distribution Recommendation Form

Gift Fund Name: _____ Fund Number: _____ Date: _____

Please complete the form below to request grant distribution(s) from your fund. The minimum grant amount is \$100. If the recipient organization is on our Approved List of Grantees, the address and contact information is not required. If the organization is not on the approved list, grant processing time may increase to allow for our due diligence process.

You may also request grants through our online donor portal, **MyFFTC**, through our website at <https://myfftc.org>.

1. ORGANIZATION:	<i>ANONYMOUS GRANT?</i>	Yes	No
\$ _____	_____		
<i>SUGGESTED GRANT AMOUNT</i>	<i>STREET ADDRESS</i>		
_____	_____	_____	_____
<i>DESIGNATION</i>	<i>CITY</i>	<i>STATE</i>	<i>ZIP</i>
_____	_____		
<i>SPECIAL INSTRUCTIONS/REQUESTS</i>	<i>BUSINESS PHONE</i>		

2. ORGANIZATION:	<i>ANONYMOUS GRANT?</i>	Yes	No
\$ _____	_____		
<i>SUGGESTED GRANT AMOUNT</i>	<i>STREET ADDRESS</i>		
_____	_____	_____	_____
<i>DESIGNATION</i>	<i>CITY</i>	<i>STATE</i>	<i>ZIP</i>
_____	_____		
<i>SPECIAL INSTRUCTIONS/REQUESTS</i>	<i>BUSINESS PHONE</i>		

3. ORGANIZATION:	<i>ANONYMOUS GRANT?</i>	Yes	No
\$ _____	_____		
<i>SUGGESTED GRANT AMOUNT</i>	<i>STREET ADDRESS</i>		
_____	_____	_____	_____
<i>DESIGNATION</i>	<i>CITY</i>	<i>STATE</i>	<i>ZIP</i>
_____	_____		
<i>SPECIAL INSTRUCTIONS/REQUESTS</i>	<i>BUSINESS PHONE</i>		

I (we) recommend the following distributions to the Board of Directors. I (we) understand that the final judgment rests in the hands of the Board, whose charge it is to see that all grant distributions are within the purpose of Foundation For The Carolinas. I (we) acknowledge that the requested recommendations do not represent the payment of any legally enforceable pledge nor does the undersigned expect any goods or services as a result of this charitable donation.

Signature _____ Date _____

Signature _____ Date _____

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