



GRANT RECOMMENDATION FORM

1400 West Markham, Suite 206, Little Rock, AR 72201

(501) 372-1116 fax: (501) 372-1166

1-888-220-ARCF

www.arcf.org - e-mail arcf@arcf.org

Fund name: _____

Name of person authorized to make request: _____

Grantee/Organization name _____

Phone _____ Fax _____ E-Mail _____

Address _____

City/State/Zip _____

Contact person _____

EIN or Tax ID #: _____

Purpose or use for the recommended grant:

Grant recommendation amount \$ _____

Special Instructions:

- Mail check to grantee
- Return Check to Requestor
- Hold check for pickup
- Anonymous grant

I certify that this grant recommendation does not represent the payment of any legally binding pledge or other financial obligation of the Fund, nor does the undersigned or any family member expect any personal benefit from this charitable distribution. I also acknowledge that final judgment rests in the hands of the Arkansas Community Foundation.

Signature _____ **Date** _____