



GRANT RECOMMENDATION FORM

1261 Travis Blvd., Ste. 320
Fairfield, CA 94533
Phone: (707) 399-3846
Fax: (707) 399-3849
www.solanocf.org
scfadmin@solanocf.org

Fund Name: _____

Amount Requested: \$ _____ Date Requested: _____ Fund ID: _____

Name of Fund Owner or Authorized Representative:

Printed: _____ Signature: _____

Address: _____ Email: _____

City/State/Zip: _____ Phone #: _____

TYPE OF GRANT: _____ SCHOLARSHIP (INDIVIDUAL) _____ 501C(3) ORGANIZATION

Grant Payable To: _____ Contact Name: _____

Street Address: _____ Email: _____

City/State/Zip: _____ Phone #: _____

Is this grant anonymous? Yes or No

Is a report required for this grant? Yes or No

Would you like us to:

- _____ Mail check to Grantee
_____ Mail check to Requestor
_____ Hold for Pick Up
_____ Inter-Fund Transfer

Intended Use or Charitable Purpose:

Notes:

- 1. Grant Recommendations for an Individual require the completion of a Scholarship Application Form (available from SCF).
2. Grant Recommendations for an Organization require on file or attached copies of: Grantee 501(c)(3) letter, current Board Member list, current year organization Budget, and most recent Audit (by IRS regulations).
3. Grant Recommendations for memberships, fulfillment of pledges, attendance at events or social functions, or anything that provides benefits to the requestor, are prohibited by IRS regulations.

SCF Office Use Only

G&G Mngr: Receive Grant Recommendation and review for complete and legible information; Exercise due diligence for Scholarship or qualified 501(c)3 request; Make calls or send email if additional information is needed.

Date: _____ Initial: _____

Fund Admin: Assess Admin Fee Status; Enter current amount ATS: _____

Date: _____ Initial: _____

CEO: Approve or deny or modify grant request; Make comments for processing; Add Grant Request to Board Meeting Agenda/Minutes.

Date: _____ Initial: _____ Board Date: _____

G&G Mngr: Enter Grant Recommendation information into FIMS; Process Grant Recommendation entry through A/P and create payment check (for Board approval); Create Grant Letter (Original to Grantee and a copy to Grantor Fund Rep/Owner).

Date: _____ Initial: _____ Check #: _____

CEO: Sign Check and Grant Letter. Date: _____ Initial: _____

G&G Mngr: Mail check and Grant letters or hold for pickup; Make a copy of this form to file in the Grant Recommendation Log binder in the FIMS Office; File this original form with check stub and supporting documents in the Fund's binder.

Date: _____ Initial: _____