



**GRANT Recommendation Form**

Solano Community Foundation  
470 Chadbourne Rd, Suite D (2<sup>nd</sup> Fl),  
Fairfield, CA 94534

Phone: (707) 399-3846 Fax: (707) 399-3849  
[www.solanocf.org](http://www.solanocf.org) [scfadmin@solanocf.org](mailto:scfadmin@solanocf.org)

Fund Name: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_  
(minimum \$250.00)

Fund ID: \_\_\_\_\_

Name of Fund Owner or Authorized Representative: \_\_\_\_\_

Printed: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

City: \_\_\_\_\_

Email: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

**TYPE OF GRANT:** \_\_\_\_\_ SCHOLARSHIP (INDIVIDUAL)

\_\_\_\_\_ 501C(3) ORGANIZATION

Check Made Payable To: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Email: \_\_\_\_\_

City: \_\_\_\_\_

Phone #: \_\_\_\_\_

Zip: \_\_\_\_\_

**Is this grant anonymous? 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 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 and Check Requests 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\*\***

**Office Administration:** Date: \_\_\_\_\_ Initial: \_\_\_\_\_

--Receive Grant Recommendation(s); review the forms for complete and legible information, exercise due diligence for Scholarship and qualified 501(c)3 requests. Make calls or send email if additional information is needed, route to CEO for review.

**CEO:** Date: \_\_\_\_\_ Initial: \_\_\_\_\_ Board Agenda Date: \_\_\_\_\_

--Approve or deny request, make comments for processing. Add Grant Recommendation to Board Meeting Agenda/Minutes. Return Form to FIMS office.

**FIMS Office:** Date: \_\_\_\_\_ Initial: \_\_\_\_\_ Amount Approved: \_\_\_\_\_ Check #: \_\_\_\_\_

--Enter Grant Recommendation information into FIMS, Process Grant Recommendation entries and create payment checks after Board approves.  
--Create Grant Letter (Original to Grantee and a copy to Grantor Fund Rep).

**CEO:** Sign Checks and Grant Letters. Date: \_\_\_\_\_ Initial: \_\_\_\_\_

**Office Administration:** Date: \_\_\_\_\_ Initial: \_\_\_\_\_

--Mail checks and Grant letters or hold for pickup  
--Make a copy of this form; file it, check stubs, and supporting documents in the Fund's Binder. File original in the Grant Recommendation Binder in the FIMS Office.