



# GRANT SUGGESTION

\_\_\_\_\_ **(Name of Fund)** \_\_\_\_\_ **Date**

**TO:** The Portsmouth Community Foundation Board of Directors/Portsmouth Community Trust  
Distribution Committee, 360 Crawford Street, Portsmouth, VA 23704

As Advisor to the above Fund, I recommend the following grants to the non-profit organization(s)  
for the purpose(s) indicated below:

**Grant Amount:** \$ \_\_\_\_\_

**Organization:** \_\_\_\_\_

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

**Purpose:** \_\_\_\_\_ General Support or Annual Contribution  
\_\_\_\_\_ Capital Campaign Contribution  
\_\_\_\_\_ Program/Project Support  
Name of Program/Project: \_\_\_\_\_  
\_\_\_\_\_ Other \_\_\_\_\_

Please see reverse or attached for more recommendations

\_\_\_\_\_ I/We would like this grant to remain anonymous

I attest that the above recommendation(s) do not represent payment of a pledge or other  
personal financial obligation on behalf of the fund representative(s), family members, or  
businesses they control and that no tangible benefit, goods or services, such as membership,  
dinners, tickets, etc. were or will be received by an individual or entities connected with the Fund.

I understand that this is a recommendation only, not a direction.

*Signature of Fund Advisor* \_\_\_\_\_

360 Crawford Street, Portsmouth, VA 23704 Phone: 397-5424 Fax: 397-7948

GRANT RECOMMENDATION FORM  
PAGE 2—ADDITIONAL RECOMMENDATIONS

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