



GRANT SUGGESTION

(Name of Fund)

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 _____

The Portsmouth Community Foundation Phone: 397-5424 Fax: 397-7948

GRANT RECOMMENDATION FORM
PAGE 2—ADDITIONAL RECOMMENDATIONS

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Address: _____

Purpose: _____ General Support or Annual Contribution
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Name of Program/Project: _____
_____ Other _____
_____ I/We would like this grant to remain anonymous

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