**GRANT RECOMMENDATION FORM**

As the fund advisor(s), I/we recommend the following grant(s) to the Board of Governors of Foundation for Roanoke Valley for grant consideration from the [Insert Fund Name]

<table>
<thead>
<tr>
<th>Name of Charitable Organization, Agency or Program</th>
<th>Purpose (if other than for general support)</th>
<th>Recommended Grant Amount</th>
<th>FOR INTERNAL USE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>(minimum grant amount $100)</td>
<td>□ GuideStar Report □ Most recent audit □ Board List FIMS ID #: __________________ Grant #: __________________ Approved by: __________________ Date Approved: ______________</td>
</tr>
<tr>
<td></td>
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<td>(minimum grant amount $100)</td>
<td>□ GuideStar Report □ Most recent audit □ Board List FIMS ID #: __________________ Grant #: __________________ Approved by: __________________ Date Approved: ______________</td>
</tr>
</tbody>
</table>

If additional space is needed for grant recommendations, please see the reverse side.

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As you think about your grant recommendations, we invite you to also consider the two options below.

**Together we can make a difference!**

___ My designation below is for the Foundation’s Roanoke corporate office.

___ My designation below is for the Foundation’s Martinsville regional office.

I would like to give back to my community by making a grant recommendation in the amount of $_________ so that it can support important community programs as they arise.

I would like to become a member of the “Friends of the Foundation” and recommend a grant of $_________ ($500 or more) to support the administration of the Foundation and its work in the community.

I/We certify that:

- the recommendation(s) included on this form are advisory in nature and that the Foundation must independently research and verify the charitable nature of all such recommendation(s) prior to approving any grants from funds contributed to it.

- **grant recommendations cannot be made to satisfy any existing legally-enforceable written pledges or to personally obtain any direct tangible benefit from the grant distribution(s) including but not limited to memberships, dinners, gala or event tickets.**

Signature(s): _______________________________ Date: ____________________________

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**PLEASE NOTE:** Grants that meet the Foundation’s due diligence requirements are paid on the 15th and the last day of each month. Recommendations must be received at least 10 days prior to the distribution date; any recommendations received thereafter will be distributed with the next grant distribution. This process may be slowed if the recommended organization does not respond to the Foundation’s request for information in a timely manner. The minimum grant per organization is $100.
## Continued Grant Recommendations

<table>
<thead>
<tr>
<th>Name of Charitable Organization, Agency or Program</th>
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|                                                  |                                           | (minimum grant amount $100) | GuideStar Report  
Most recent audit  
Board List  
FIMS ID #: __________  
Grant #: __________  
Approved by: __________  
Date Approved: __________ |
|                                                  |                                           | (minimum grant amount $100) | GuideStar Report  
Most recent audit  
Board List  
FIMS ID #: __________  
Grant #: __________  
Approved by: __________  
Date Approved: __________ |
|                                                  |                                           | (minimum grant amount $100) | GuideStar Report  
Most recent audit  
Board List  
FIMS ID #: __________  
Grant #: __________  
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|                                                  |                                           | (minimum grant amount $100) | GuideStar Report  
Most recent audit  
Board List  
FIMS ID #: __________  
Grant #: __________  
Approved by: __________  
Date Approved: __________ |
|                                                  |                                           | (minimum grant amount $100) | GuideStar Report  
Most recent audit  
Board List  
FIMS ID #: __________  
Grant #: __________  
Approved by: __________  
Date Approved: __________ |

(Note: For audit purposes we must have the original Grant Recommendation Form on file. However, this form may be sent electronically and then mailed to the appropriate office below.)

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