

DCCF Grant Recommendation Form

Name of Fund

Date

I/we acknowledge that these recommendations do not represent a payment of any pledge or other financial obligation, nor do I/we expect any personal benefits from this charitable distribution. The final judgments about these recommendations rests with the Board of Directors of DCCF, whose charge it is to see that all distributions from funds are consistent with the Foundation's purpose, have met the due diligence requirements, and comply with IRS regulations.

Signature/Title

Signature/Title

Print Name

Print Name

_____ Name of Nonprofit Organization	_____ Amount of Proposed Grant
_____ Address	_____ City/State/Zip
_____ Contact Name/Title	_____ Phone
_____ Email address:	
_____ Instructions for restrictions on use of grant funds	_____ EIN#
_____ I confirm that the above grant recommendation is not a pledge previously made to the non-profit named above.	
Name of person confirming: _____	
If you would like this grant to remain anonymous, please indicate: ___ Source Name Anonymous ___ Fund Name Anonymous	

_____ Name of Nonprofit Organization	_____ Amount of Proposed Grant
_____ Address	_____ City/State/Zip
_____ Contact Name/Title	_____ Phone
_____ Instructions for restrictions on use of grant funds	
_____ EIN#	
_____ I confirm that the above grant recommendation is not a pledge previously made to the non-profit named above.	
Name of person confirming: _____	
If you would like this grant to remain anonymous, please indicate: ___ Source Name Anonymous ___ Fund Name Anonymous	

To expedite processing of grants scan and email request to info@delcofc.org.