



**FOR INTERNAL USE ONLY**

Profile ID# _____	Grant # _____
SI/DD Done _____	<b>Staff Recommended</b> _____
FUND _____	DEO _____
IF From _____	To _____

**RECOMMENDATION FOR CHARITABLE DISTRIBUTIONS**

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

I recommend that Triangle Community Foundation review and approve the following distribution(s) from the above fund. I understand that the final judgment rests in the hands of Triangle Community Foundation, whose charge it is to ensure that all distributions meet the regulations of the Internal Revenue Code and are compatible with the policies and purposes of Triangle Community Foundation. I certify that these recommendations do not represent the payment of any legally enforceable pledge or obligation, and that I will not receive any goods, services, or non-tax deductible membership benefits.

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

**Name and Address of Recipient Organization**

**Suggested Amount of Grant**

Organization: \_\_\_\_\_ \$ \_\_\_\_\_

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

City State ZIP: \_\_\_\_\_

Contact (name and title): \_\_\_\_\_

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

Website or e-mail: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

**Name and Address of Recipient Organization**

**Suggested Amount of Grant**

Organization: \_\_\_\_\_ \$ \_\_\_\_\_

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

City State ZIP: \_\_\_\_\_

Contact (name and title): \_\_\_\_\_

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

Website or e-mail: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

**Fax Form to:** (919) 941-9208

**Phone:** (919) 474-8370

**Donor Services line:** (919) 474-8363

**Mail Form to:** Triangle Community Foundation  
324 Blackwell Street, Suite 1220  
Durham, NC 27701

**Visit our website:**  
[www.trianglecf.org](http://www.trianglecf.org)

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