



Kenai Peninsula Foundation
An Affiliate of The Alaska Community Foundation

Date:	
Approved By:	
FUND ID:	
Paid Date:	
Grant Number:	
Profile ID:	

Kenai Peninsula CF Advised Grant Recommendation Form

Fund Name:			
Amount:			
Recommended Grantee:		Tax ID #:	
<input type="checkbox"/> 501c3 <input type="checkbox"/> Other Please Contact Program Officer			
Street Address:			
City, State, Zip:			
Contact Phone Number:			
E-Mail Address:			
Grant Purpose: (Please attach relevant supporting documents)			
<input type="checkbox"/> I certify that I, my family, and/or a company have not received any benefits.			
Signature of Authorized Fund Advisor:		Date:	
Printed Name:			
Phone Number:			
E-Mail:			
Special Instructions: *Checks will be mailed to Grantee unless otherwise specified*			
<input type="checkbox"/> Please mail to the Kenai Peninsula Community Foundation <input type="checkbox"/> Include a grant letter <input type="checkbox"/> We will send our own grant letter <input type="checkbox"/> Please make this grant anonymously * Neither Fund or Donor Name will appear. <input type="checkbox"/> Do not mail the grant check. Please call the following authorized individual when check is ready for pick up: (Please state persons name and phone number)			