



**Seward Community Foundation**  
*An Affiliate of The Alaska Community Foundation*

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

## Seward CF Advised Grant Recommendation Form

<b>Fund Name:</b>			
<b>Amount:</b>			
<b>Recommended Grantee:</b>		<b>Tax ID #:</b>	
<input type="checkbox"/> 501c3 <input type="checkbox"/> Other Please Contact Program Officer			
<b>Street Address:</b>			
<b>City, State, Zip:</b>			
<b>Contact Phone Number:</b>			
<b>E-Mail Address:</b>			
<b>Grant Purpose:</b> (Please attach relevant supporting documents)			
<input type="checkbox"/> I certify that I, my family, and/or a company have not received any benefits.			
<b>Signature of Authorized Fund Advisor:</b>		<b>Date:</b>	
<b>Printed Name:</b>			
<b>Phone Number:</b>			
<b>E-Mail:</b>			
<b>Special Instructions:</b> *Checks will be mailed to Grantee unless otherwise specified*			
<input type="checkbox"/> Please mail to the Seward 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)			