

After completing all sections for each grant recommendation, please email to your Philanthropic Advisor or to: philanthropicservices@seattlefoundation.org, mail to: Seattle Foundation, 1601 Fifth Avenue, Suite 1900, Seattle, WA 98101-3615, or fax to: 206.622.7673. You may also make grant recommendations online; please contact your Philanthropic Advisor or call 206.515.2111 for more information.

FUND INFORMATION

Name of Fund: _____

Name of Fund Advisor: _____

Phone Number: _____ Email: _____

GRANT RECOMMENDATIONS**Organization 1**

Organization's Official Name: _____

Address: _____

Contact Name and Title: _____

Phone/Email: _____

Grant Amount: _____

Purpose (if other than general support): _____

One time or recurring grant? ☐ One time☐ Recurring (check one): ☐ monthly ☐ quarterly ☐ semi-annually ☐ yearly

Please check only one box to indicate who should be acknowledged for this grant:

☐ The individual(s) named on the fund ☐ The name of the fund only ☐ Anonymous☐ The following individual(s) in lieu of those named on the fund: _____**Organization 2**

Organization's Official Name: _____

Address: _____

Contact Name and Title: _____

Phone/Email: _____

Grant Amount: _____

Purpose (if other than general support): _____

One time or recurring grant? ☐ One time☐ Recurring (check one): ☐ monthly ☐ quarterly ☐ semi-annually ☐ yearly

Please check only one box to indicate who should be acknowledged for this grant:

☐ The individual(s) named on the fund ☐ The name of the fund only ☐ Anonymous☐ The following individual(s) in lieu of those named on the fund: _____

Organization 3

Organization's Official Name: _____

Address: _____

Contact Name and Title: _____

Phone/Email: _____

Grant Amount: _____

Purpose (if other than general support): _____

One time or recurring grant? ☐ One time☐ Recurring (*check one*): *O monthly O quarterly O semi-annually O yearly*

Please check only one box to indicate who should be acknowledged for this grant:

☐ The individual(s) named on the fund ☐ The name of the fund only ☐ Anonymous☐ The following individual(s) in lieu of those named on the fund: _____**Organization 4**

Organization's Official Name: _____

Address: _____

Contact Name and Title: _____

Phone/Email: _____

Grant Amount: _____

Purpose (if other than general support): _____

One time or recurring grant? ☐ One time☐ Recurring (*check one*): *O monthly O quarterly O semi-annually O yearly*

Please check one box to indicate who should be acknowledged for this grant:

☐ The individual(s) named on the fund ☐ The name of the fund only ☐ Anonymous☐ The following individual(s) in lieu of those named on the fund: _____**SIGNATURE**

Grant recommendations are considered for approval on a weekly basis.

I understand that Seattle Foundation has final authority to approve this grant recommendation, consistent with its charitable purposes. I represent that this recommended grant will not be used to satisfy a pledge, purchase a table or ticket for a fundraising event, or otherwise provide more than an incidental benefit to donors, donor advisors or related parties.

Signature of Fund Advisor: _____ Date: _____