



Allendale

Community Foundation



Grand Haven Area

Community Foundation



Coopersville Area

Community Foundation

Recommendation for Grant Distribution from Organization Funds

Date: _____

Holly Cole, Vice President of Grants & Program
Grand Haven Area Community Foundation
6 Sherman Ave.
Grand Haven, MI 49417

Dear Holly:

Please let this letter serve as our recommendation for a grant in the amount of _____ from our Fund(s):

The grant will be used to support _____. This project is in accordance with our Fund Agreement with the Grand Haven Area Community Foundation. Attached is a copy of the Minutes approving this action from the meeting of the Board of Directors held on _____.

Non-FASB account \$ _____

FASB account \$ _____

Sincerely,

Board President or Chair

Treasurer (or equivalent member of
the Executive Committee)

Our Organization's contact information is as follows:

Organization Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Preferred Contact's Name: _____

Contact's Email: _____



Check here to confirm that a copy of the Minutes approving this request is enclosed.