

Mt. Pleasant Area

community foundationSM

Organization Fund (Designated and/or Agency) Grant Recommendation Form

Name of Fund: _____

Grant Amount: _____

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Grant Amount: _____

Name of Fund: _____

Grant Amount: _____

Name of Fund: _____

Grant Amount: _____

I/We recommend the following distribution(s) be made from the above-mentioned fund(s):

Organization: _____

EIN: _____

Contact Person: _____

Purpose (specificity is appreciated): _____

I/We acknowledge that the above organization is in good standing, and the organization will properly acknowledge support from the Mt. Pleasant Area Community Foundation when grant funds are used. Any written or verbal communication (including t-shirts, brochures, webpages, social media posts, events, meetings, presentations, interviews with media, etc.) will acknowledge that funds were provided in part by “the «Insert Fund Name(s) Here» of the Mt. Pleasant Area Community Foundation.”

Fund Representative Signature(s): _____

Print Name(s): _____

Date: _____

The Mt. Pleasant Area Community Foundation has verified that the recommended grantee is an eligible recipient, and that the suggested distribution corresponds with the purpose for which the fund was created and is in accord with the mission of the Community Foundation.

Alysha Pasquali, CEO/COO

Date

Address: PO Box 1283, Mt. Pleasant, MI 48804
Phone: (989) 773-7322 Email: info@mpacf.org

Form Updated November 2022