



I/We recommend to the Board of Directors of the  
Community Foundation of Johnson County award the following grant(s):

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Name of Fund

As advisor to the aforementioned fund, I recommend that the Board of Directors of the Community Foundation of Johnson County consider the following grant to the nonprofit organization and purpose indicated below.

Grant Amount \_\_\_\_\_

Grant Purpose \_\_\_\_\_

Tax ID Number \_\_\_\_\_

Organization \_\_\_\_\_

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Address                      City                                              State                      Zip

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Contact Name

I certify that the above recommendation(s) does not represent the payment of any irrevocable or legally binding pledge or other financial obligation, nor does the undersigned, any family member adviser or any other related party expect any personal benefit from this charitable distribution. I also acknowledge the above recommendation(s) are subject to approval of the Board of Directors of the Community Foundation of Johnson County.

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Printed Name                                              Signature                                              Date

