

Grant Recommendation Form

For questions or assistance contact us at info@spanofoundation.com

Charitable Fund Na	me:			
Grant Amount: (\$500		nimum)		
Organization: (Chec	ks are made payable to the Leg	gal name and mailed directl	y.)	
Organization Name:	:			
Grantee Contact Person:		Contact E-Mail:		
Address:				
City:	State:	Zip Code:	Phone:	
Or \Box Grant to the	e	fund at the Anthony V. Spano Foundation.		

Charitable Purpose

(If necessary, AVSF may add the words "No Impermissible goods or services will be provided to individuals affiliated with this fund"

- □ General Support
- Specific Purpose or Project: ______

If recommending a grant to a gala, tournament, auction or other event, **initial** here to confirm that this grant will be used to pay for any portion of the ticket or cost of admission to such event, unless the total cost of the ticket or admission would be fully deductible as a charitable contribution.

Special Instruction

- □ Recognize Fund Name Only (The letter will not include the donor name or address)
- □ Recognize Fund Name and the following Name(s):
- □ Include donor's mailing address in the award letter.
- Anonymous (The letter will not include the donor or fund name in the award letter)

Certification

I certify that neither I nor any individual associated with the fund or group will receive any material benefit from the charitable organization as a result of this grant. If any material benefit or privilege is offered in connection with this charitable disbursement, I have not and will not accept it. I understand and acknowledge that I cannot claim a charitable deduction for grants I've recommended, even if the grantee sends me a receipt. If committee advised, I attest, I attest the advisory committee has reviewed and approved the above recommended recipient and amount for the purpose specified.

I understand that grant recommendations are subject to the review and approval of the Anthony V. Spano Foundation and grants must comply with the policies detailed by the Anthony V. Spano Foundation. I understand that this is a recommendation and not a direction and AVSF will perform the necessary due diligence of the charitable organization to ensure compliance with federal regulations.

INSTRUCTIONS

Email this completed form to the Distribution Committee info@spanofoundation.com.

(Signature of Advisor)	(Print Name)	(Date)
(Signature of Advisor)	(Print Name)	(Date)
AVSE 11/12/2017		

AVSF 11/12/2017 Amended: 10/16/2023