

Grant Recommendation Form

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

Char	ritable Fund Name:			
Charitable Fund Name: (\$500 minimum)				
Orga	nization: (Checks are ma	de payable to the Legal r	name and mailed directly.)	
Orga	nization Name:			
Grantee Contact Person:			Contact E-Mail:	
	·ess:			
City:		State:	Zip Code:	Phone:
				hony Spano Foundation.
(If ne	his fund" General Support	words "No Impermissible		rovided to individuals affiliated
Speci	Recognize Fund Name a Include donor's mailing	and the following Name(s address in the award lett	include the donor name or acts):er. r or fund name in the award	,
I cert from connect that I If conrecon	the charitable organizati ection with this charitabl cannot claim a charitabl mmittee advised, I attest, nmended recipient and a erstand that grant recomme s must comply with the pol	on as a result of this gree disbursement, I have e deduction for grants. I attest the advisory comount for the purpose andations are subject to the icies detailed by the Anther	ant. If any material benefit not and will not accept it. I've recommended, even it may be mittee has reviewed and specified. The review and approval of the nony Spano Foundation. I ur	e Anthony Spano Foundation and
ensur INST	e compliance with federal recompliance	regulations.	info@spanofoundation.com	-
(Signa	ature of Advisor)		(Print Name)	(Date)
(Signa	ature of Advisor)	(Print N	ame)	(Date)