

## Grant Suggestion Form

Date

Fund Name

Fund ID

Organization Name

Amount of Grant

\$

Organization Address

I have suggested a grant to  
this organization in the  
past.

City

State

Zip Code

Organization Phone (if available)

Grant Purpose *(This information will appear on the check.)* Remain Anonymous

(Fund name will not appear on the check.)

Special Instructions for Internal Processing *(This information will not appear on check.)*

**I hereby certify that this suggestion will not provide “more than incidental benefits” to me, my family, any advisor to the fund or their family, or any businesses that any of us control, and will not support political campaigns. I acknowledge this suggestion must receive approval of the Community Foundation.**

\*Examples of benefits that may be considered more than incidental include:

- **fulfillment of an irrevocable or legally binding pledge** or other personal financial obligation made to any institution;
- **raffle tickets;**
- **membership benefits;**
- **admission** to a charitable event or **goods or services** received or purchased while attending a charitable event (e.g., dinner or auction items); and
- **personal benefits to any individual**, including tuition or scholarships.

Signature

Email Address

Phone Number

Return this form to [info@longbeachcf.org](mailto:info@longbeachcf.org) or Fax (562) 590-0493