



GRANT RECOMMENDATION FORM

GRANT RECIPIENT

Grantee Name: _____
 Attention: _____
 EIN (if available): _____ Phone Number: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____

GRANT AMOUNT

Amount: \$ _____

GRANT TIMING

One time grant to be processed immediately
 A recurring grant
 Frequency: Monthly Quarterly Semi-Annual Annual
 Start Date: _____ End Date: _____

GRANT PURPOSE

General Operations Special Purpose: _____

SPECIAL INSTRUCTIONS *Example: Mail to a different address than the grant recipient's.*

SIGNATURE

By signing, I affirm that all information in this form is to the best of knowledge, and that neither I nor my family will benefit in any way from this grant. I understand that this information represents a grant recommendation that I am making to the sponsor of my account and not a final grant decision.

Signature: _____ **Date:** _____

Attach additional sheets as necessary.

SUBMISSION

Mail form to: Bradley Impact Fund
 1400 N. Water Street, Suite 300
 Milwaukee, WI 53202

Or

Email information to:
 khill@bradleyimpactfund.org