



# GRANT RECOMMENDATION FORM

## ACCOUNT INFORMATION

Account Name: \_\_\_\_\_  
 Donor/Advisor Name: \_\_\_\_\_

## GRANT RECIPIENT

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

## GRANT AMOUNT & TIMING

Amount: \$ \_\_\_\_\_  
 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      Or      Email information to:  
 1400 N. Water Street, Suite 300      khill@bradleyimpactfund.org  
 Milwaukee, WI 53202