



The  
**COMMUNITY  
FOUNDATION**  
of the New River Valley

# Non-Binding Request Grant Recommendation

\_\_\_\_\_  
(Please type or print name(s) of individual(s) making non-binding request)

\_\_\_\_\_  
(Name of Fund)

\_\_\_\_\_  
(Telephone number where I (we) can be reached)

**I (we) recommend the following grant(s):**

Organization Name(s) & Mailing Address(es)	Grant Amount	Special Purpose (if applicable)

*Please attach additional pages as needed for multiple grant recommendations.*

By signing this form, I hereby certify that neither I nor anyone else will receive any benefit from the recommended charitable organization. This includes, for example, payment for dinners, events, and memberships that have a non-deductible portion; school tuition; goods at a charitable auction; or journal ads that promote a business entity. In addition, this non-binding request is not in payment of an enforceable pledge or personal obligation and is not made for lobbying purposes or to support a political campaign.

\_\_\_\_\_  
**(Signatures)**

\_\_\_\_\_  
(Date)

**Please send this completed form to the Community Foundation of the New River Valley**

P.O. Box 6009, Christiansburg, VA 24068-6009, [cfnrvcfnrv.org](mailto:cfnrvcfnrv.org), Fax: 540-381-1406

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**For internal use only:**

In keeping with the above non-binding request and in accordance with CFNRV policies regarding distribution authorization, this grant distribution has been approved by the:

\_\_\_\_ Executive Director

\_\_\_\_ Executive Committee

\_\_\_\_ Board of Directors

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Staff: For distributions requiring Board or Executive Committee approval, please attach a copy of the meeting minutes.