



SAF Grant Recommendation Form

Name of Fund

Date

I/we acknowledge that these recommendations do not represent a payment of any pledge or other financial obligation or do I/we expect any personal benefits from this charitable distribution. The final judgments about these recommendations rests with the Board of Governors of SAF, whose charge it is to see that all distributions from funds are consistent with the Foundation's purpose, have met the due diligence requirements, and comply with IRS regulations.

Signature

Signature

Print Name

Print Name

_____ Name of Nonprofit Organization	_____ Amount of Proposed Grant
_____ Address	_____ City/State/Zip
_____ Nonprofit Phone or Email	_____ EIN, if known
_____ Purpose or Restriction on Grant (indicate "general services" if unrestricted)	

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If you would like this grant to remain anonymous, please indicate here: _____

Please return form via one of the following methods: Mail: 615 Jefferson Avenue, Suite 102, Scranton, PA 18510 | Fax: 570-347-7587 | Scan/Email: Maggie@safdn.org