

## OJCF BOOK OF COMMUNITY NEEDS GRANT RECOMMENDATION FORM

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All grant recommendations are processed on the last business day of the month. In order to meet this deadline, the recommendation(s) must be received by the **20<sup>th</sup> of the month**. Any recommendations submitted after the 20<sup>th</sup> of the month will be processed at **the end of the following month**. Please mail or fax to: Janet L. Storm, OJCF, 610 SW Broadway, Suite 407, Portland, OR 97205. Fax #503-248-9323

Today's Date: \_\_\_\_\_

Fund Name: \_\_\_\_\_

Donor Advisor(S) Name: \_\_\_\_\_

I/We wish to recommend to the OJCF Distribution Committee the following grant(s) from the above Fund for consideration (you may make as many recommendations as you wish and as funds allow):

Organization Name: \_\_\_\_\_

Purpose of Grant: \_\_\_\_\_

1. Month of Distribution: \_\_\_\_\_ Amount to be Granted: \_\_\_\_\_

Is this a one-time recommendation or a repeating recommendation?     One-Time     Repeating

How often should this grant be repeated (give month and years)? \_\_\_\_\_

Organization Name: \_\_\_\_\_

Purpose of Grant: \_\_\_\_\_

2. Month of Distribution: \_\_\_\_\_ Amount to be Granted: \_\_\_\_\_

Is this a one-time recommendation or a repeating recommendation?     One-Time     Repeating

How often should this grant be repeated (give month and years)? \_\_\_\_\_

Organization Name: \_\_\_\_\_

Purpose of Grant: \_\_\_\_\_

3. Month of Distribution: \_\_\_\_\_ Amount to be Granted: \_\_\_\_\_

Is this a one-time recommendation or a repeating recommendation?     One-Time     Repeating

How often should this grant be repeated (give month and years)? \_\_\_\_\_

\_\_\_\_\_  
Signature of Donor Advisor

\_\_\_\_\_  
Signature of Donor Advisor