

**Chisholm Trail Communities Foundation**  
Fund Advisor Recommendation Form

Name of Advisor(s):

Name of Fund:

Recommended Recipient Organization:

Recommended Grant Amount:

Recommended Timing for Grant Disbursement:

For Internal Use:

\_\_\_\_\_ Guidestar checked

\_\_\_\_\_ Status verified / printed

\_\_\_\_\_ Paperwork completed

\_\_\_\_\_ Grant issued