Partners in Philanthropy Grant Recommendation Form

Name: _____Date: _____

Name of Fund: _____

___ I commit to fund the grants selected below at the designated amounts.

___ I recommend the grants selected below at the designated amounts to be paid from my *(Fund Name)* _____Donor Advised Fund.

$_____ **Central Kentucky Community Action Council**
Meal Delivery Truck Conversion for Seniors and Emergency Response

$_____ **Guthrie Opportunity Center**
GOQuest Community Access Initiative

$_____ **Hope Academy for Kids**
The Hope Playground

$_____ **Nazareth Literary & Benevolent Institution Inc. dba Sisters of Charity of Nazareth**
A Place for Prayer, Reflection, and Belonging for All

$_____ **The Hardin County Playhouse**
Raising the Curtain on Our New Home

$_____ **Vine Grove Historical Society**
Vine Grove Connect: Board the Caboose Build the Vision

$_____ **Warm Blessings**
Warm Blessings Expansion Project

Signature: _____

dswiney@ckcf4people.org
270-737-8393