



**CASTELLANO  
FAMILY  
FOUNDATION**

**DISCRETIONARY GRANT FORM**

Amount of Grant: \$ \_\_\_\_\_ (\$15,000 annual maximum as of 7/1/14)

Payable to: \_\_\_\_\_  
Name of Organization/Grantee

CEO / Executive Director: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Purpose:

\_\_\_\_\_ Unrestricted use

\_\_\_\_\_ Designated for \_\_\_\_\_

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I hereby request that this award be made by the Castellano Family Foundation as a discretionary grant in accordance with the approved policy and guidelines. I certify by my signature below that the grant does not fulfill any personal pledge and that I, nor my family members, will receive any personal benefits in connection with the grant.

Date \_\_\_\_\_ Trustee/Board Member \_\_\_\_\_  
Signature

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For office use:

Eligible Charity? \_\_\_\_\_ (See attached IRS 501c3 designation letter)  
Initials

Grant does not exceed maximum annual amount allowed: \_\_\_\_\_  
Initials

Approved by: \_\_\_\_\_  
Carmen Castellano, Board President