



P.O. BOX 83107 * Lincoln, NE 68501-3107 * 402-323-7330

DONOR-ADVISED FUND GRANT RECOMMENDATION FORM

(Fund name)

(Account name)

| Pay to: <i>Name and address of the grantee Grantee must be a 501(c)(3) public charity or governmental entity</i> | Purpose of grant: <i>If grant is not for general purposes of the grantee organization, specify purpose here</i> | Amount of payment <i>Please list each grant separately Minimum grant amount is \$250 per grantee</i> |
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By signing this form, I confirm that the grant(s) being recommended (1) will not result in any benefit (other than an incidental benefit) to a donor, advisor appointed by the donor or a family member; (2) is not to fulfill a personal pledge of a donor, advisor appointed by the donor or a family member; or (3) is not to an organization controlled by a donor, advisor appointed by the donor or a family member.

Phone: _____

Signature(s) of person(s) authorized by the Fund Advisory Committee

Submission Date: _____

- The disbursement must be for charitable purposes and to an allowable payee. If you have questions, please contact our Accounting Staff at info@nebcommfound.org or 402-323-7330 before submitting.
- Disbursement requests over \$1,500 require two signatures.
- Grant recommendations from a DAF are advisory only; NCF must make the final determination with respect to each grant.
- If you wish to have a check sent to your committee for a special presentation opportunity, please note that clearly on the form; otherwise, we will mail the check directly to the payee. Each grant from a DAF is accompanied by a letter to the recipient informing them that your DAF is the source of the grant.
- Grant Recommendations received by Monday that include all necessary information will generally be paid by Friday of the same week.
- We recommend that you keep a photocopy of your completed Grant Recommendation Form for future reference.

This form may be photocopied. It is also available on the NCF website at www.nebcommfound.org

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| For internal use only: Approved by NCF Yes / No Signature: _____ Date: _____ |
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