



DONOR-ADVISED FUND GRANT RECOMMENDATION FORM

For Internal Use Only	
Ck Date	Inv. #
Acct. Code	
Description	
Acct. Code	
Description	
Acct. Code	
Description	
Total \$	1099

(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>

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 any related party; (2) is not to fulfill a personal pledge of a donor, advisor appointed by the donor or any related party; or (3) is not to an organization controlled by a donor, advisor appointed by the donor or any related party.

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.
- Each grant from a DAF is accompanied by a letter to the recipient informing them that your DAF is the source of the grant; you will receive a copy of the letter.
- Grant Recommendations received by Monday that include all necessary information and that are approved by NCF 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

For internal use only:

Indicate review of IRS Business Master File (BMF) to verify 501(c)(3) status of grantee(s) BMF Date: _____ Fdn. Code _____ Date Reviewed: _____
Signature: _____

Approved by NCF Yes / No Signature of Officer: _____ Date: _____