DONOR-ADVISED FUND

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

GRANT RECOMMENDATION FORM

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 **(Fund name)** **(Account name)**

| **Pay to:***Name and address of the grantee**Grantee must be a 501(c)(3) public charity* *or governmental entity* | **Purpose of grant:**If grant is not for general purposes of the grantee organization, specify purpose here | **Amount of payment***Please list each grant separately* *Minimum grant amount* *is $250 per grantee* |
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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 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.

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|  |  | Phone: |       |
| Signature(s) of person(s) authorized by the Fund Advisory Committee to request disbursements  |
| 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) BMF Date: \_\_\_\_\_\_\_\_\_\_ Fdn. Code\_\_\_\_\_\_\_\_ Date Reviewed: \_\_\_\_\_\_\_\_\_\_\_\_

to verify 501(c)(3) status of grantee(s) Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by NCF: Yes / No Signature of Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_