DONOR-ADVISED FUND

|  |  |  |  |
| --- | --- | --- | --- |
| 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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  | 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](mailto: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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_