

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: Name and address of the grantee Grantee must be a 501(c)(3) public charity	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
or governmental entity		is \$250 per grantee

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 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: _ Signature: _		Fdn. Code	Date Reviewed:		
Approved by NCF: Yes / No	Signature of Office	r:			Date:		