

NAPA VALLEY

COMMUNITY FOUNDATION

Grant Recommendation Form

Fund Name: _____

The advisors of the above named Donor Advised Fund recommend approval of the following distribution. I (We) confirm that (i) I (we) will receive no tangible benefit, goods, or services from these organizations, and (ii) these distributions will not be used to satisfy any personal financial obligation we have made to this organization. I (We) understand that the NVCF Board of Directors will make final approval of this request.

Name of organization: _____

Address: _____

Amount (\$250.00 min.): _____

Purpose: general support other (special program or project)

If other, please describe below:

How did you hear about this funding opportunity?

Community Link contact from organization contact from NVCF other _____

Signed: _____ Date: _____

NVCF President's Signature: _____ Date: _____

Upon approval, please allow 2 weeks for process and distribution of funds to the designated organization.

For Office Use Only

____/____/____ Received	_____ Fund ID	_____ Grantee ID
____/____/____ Form 990	____/____/____ 501 (c)(3)	Y / N Past Due Grant Report
Y / N Grant Report Request	____/____/____ Report Due Date	Y / N Suggest Site Visit
_____ Acct	____/____/____ Fund Transfer	____/____/____ Grant Entered
____/____/____ Check Cut	_____ Check #	____/____/____ Mailed/cc: