



This Box for Office Use Only
Interfund

Grant Recommendation Form

Fund Name: _____

The advisor(s) 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 grantee organization: _____

Address: _____

Amount (\$250.00 min.): _____

Purpose: [] general/operating 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 _____

Signature of Fund Advisor: _____ Date: _____

NVCF approval by/title: _____ Date: _____

For FIMS Entry and Accounting Purposes:

Form 990/GuideStar/IRS Pub 78 (circle) ___/___/___

Date Received ___/___/___ DA Receipt Email ___/___/___ Grantee a Church / School / Govt Agcy (circle one)

Fund ID _____ Donor Advisor ID _____ On IRS Revoked Orgs. list? Y / N ___/___/___

Grantee ID _____ IRS Data Verified in FIMS? Y / N

Grant Pitch Y / N Fund Pitched _____ Amount \$ _____ Date Pitched ___/___/___

Past due Grant Report Y / N Past Grant Report Due Date ___/___/___ Fiscal Sponsor? Y / N BOD Approval? Y / N

Grant Report Request/Condition Y / N Grant Report Due Date ___/___/___ Story Idea? Y / N

Grant Approved w/ Conditions Y / N Modify Grant Letter Y / N

Payment Schedule Y / N Dates: #1 ___/___/___ #2 ___/___/___ #3 ___/___/___ #4 ___/___/___

Payment Schedule Amounts #1 _____ #2 _____ #3 _____ #4 _____

Fund Transfer Needed Y / N Acct _____ Transfer Date ___/___/___ Check Cut ___/___/___

Check # _____

Grant Entered Date ___/___/___ Grant # _____ Mailed ___/___/___ cc'd ___/___/___