

NAPA VALLEY

COMMUNITY FOUNDATION

This Box for Office Use Only

Interfund

Grant Recommendation Form

Anonymous Grant?
Yes / No

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: _____

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

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 ____/____/____ Renewal? Y / N

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 BOD Date ____/____/____

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 ____/____/____