

Grant # (Internal Use Only): _____

To submit your completed grant recommendation form, please mail to Napa Valley Community Foundation, 3299 Claremont Way, Suite 2, Napa, CA 94558, or email grantsadmin@napavalleycf.org, or fax to (707) 254-7955. You may also recommend a grant online through [DonorCentral](#) at www.napavalleycf.org. Grants meeting NVCF's due diligence requirements are generally mailed within 7-10 business days. For questions or assistance contact our Philanthropic Services staff at (707) 254-9565 or grantsadmin@napavalleycf.org

FUND NAME: _____

Anonymous Grant (Fund name will not appear on the grant letter or check)

GRANT RECIPIENT

Organization's Official Name: _____

Federal Tax Identification Number (if available): _____

Mailing Address: _____

OR Transfer to the _____ fund at Napa Valley Community Foundation

GRANT AMOUNT AND PURPOSE

Amount (\$250.00 min.): _____

Charitable Purpose: general/operating support other (special program or project)

If other, please describe below:

By signing below, the advisor(s) of the above named Donor Advised Fund recommend approval of this distribution. I (We) confirm that this recommendation will not be used for the following purposes:

1. to satisfy any personal financial obligation we have made to this organization,
2. to benefit a specific individual,
3. to support a political campaign or for lobbying,
4. to pay for a membership, dinner, raffle tickets or other tangible benefits, goods, or services from this organization, or
5. to provide financial or business benefits to myself or a related party.

I (We) understand that the NVCF Board of Directors will make final approval of this request.

Signature of Fund Advisor: _____ Date: _____