

# NAPA VALLEY COMMUNITY FOUNDATION

## Donor Advised Fund Grant Recommendation Form

This Box is for Office Use Only

**Interfund**

**Double Signature**

**Board Approval**  
\_\_\_\_/\_\_\_\_/\_\_\_\_

**Anonymous Grant**

**Fund Name:** \_\_\_\_\_

The advisor(s) of the above named Donor Advised Fund recommend approval of the following distribution. I (We) confirm that this recommendation will not be used for the following purposes: (i) to satisfy any personal financial obligation we have made to this organization, (ii) to benefit a specific individual, (iii) to support a political campaign or for lobbying, (iv) to pay for a membership, dinner, raffle tickets or other tangible benefits, goods, or services from this organization, or (v) 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.

**Organization's Official Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Amount (\$250.00 min.):** \_\_\_\_\_

**Charitable 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.***

<b>FIMS Grantee and Due Diligence Information:</b>		Grantee a Church / School / Govt Agcy (circle one)	
Date Received ____/____/____	DA Receipt Email ____/____/____	GuideStar and IRS Pub 78 ____/____/____	
Fund ID _____	Donor Advisor ID _____	Form 990 (grants ≥\$25K) ____/____/____	
Grantee ID _____	Fiscal Sponsor ID _____	On IRS Revoked Orgs. list? Y / N ____/____/____	
<b>FIMS Grant Application:</b>			
Grant Pitch Y / N	CLink? Y / N	Amount \$ _____	Date Pitched ____/____/____    Renewal? Y / N
Overdue Grant Report Y / N	Grant Report Condition Y / N	Grant Report Due Date ____/____/____	
<b>Grant Approved w/ Conditions Y / N</b>		<b>Modify Grant Letter Y / N</b>	
Grant Entered ____/____/____	Grant # _____	Mailed ____/____/____	cc'd ____/____/____
<b>Accounting:</b>			
Fund Transfer Needed Y / N		Payment Schedule Y / N	
Payment Schedule Dates: #1 ____/____/____    #2 ____/____/____    #3 ____/____/____    #4 ____/____/____			
Payment Amounts:    #1 \$ _____    #2 \$ _____    #3 \$ _____    #4 \$ _____			
Check Number #1 _____    Check Cut ____/____/____			