

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:
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How did you hear about this funding opportunity?
□ Community Link □ contact from organization □ contact from NVCF □ other
Community Link Contact nom organization Contact nom NVOI Contact
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
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 / /