

**Donor Advised Fund  
Grant Recommendation Form**

Grant # (Internal Use Only): \_\_\_\_\_

To submit your completed grant recommendation form, please mail to Napa Valley Community Foundation, 3299 Claremont Way, Suite 4, Napa, CA 94558, or email [grantsadmin@napavalleycf.org](mailto:grantsadmin@napavalleycf.org), or fax to (707) 254-7955. Grants meeting NVCF's due diligence requirements are generally mailed within 7-10 business days. For questions or assistance contact our Programs and Philanthropic Engagement staff at (707) 254-9565 or [grantsadmin@napavalleycf.org](mailto: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: \_\_\_\_\_

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: \_\_\_\_\_