



When completed, return this form to the Foundation: 955 University Avenue, Suite A, Sacramento, CA 95825 | Fax: (916) 921-7725

FUND NAME: _____

I/we recommend the following grants:

Please note that grants are processed during the first and third Wednesdays of each month. Please submit recommendations at least five (5) days in advance.

GRANT RECOMMENDATION #1

Organization Name _____

\$ _____
Amount Recommended

Contact Person/Title _____

Mailing Address _____

City _____ State _____ ZIP _____

Phone Number _____

Grant Purpose

Unrestricted

Project: _____

Memorial or In honor of

Name of individual: _____

Where should we send a letter notifying the honoree/family of your grant?

Name: _____

Address: _____

City, State, Zip: _____

Special Instructions _____

GRANT RECOMMENDATION #2

Organization Name _____

\$ _____
Amount Recommended

Contact Person/Title _____

Mailing Address _____

City _____ State _____ ZIP _____

Phone Number _____

Grant Purpose

Unrestricted

Project: _____

Memorial or In honor of

Name of individual: _____

Where should we send a letter notifying the honoree/family of your grant?

Name: _____

Address: _____

City, State, Zip: _____

Special Instructions _____

Terms and Conditions (please read before signing): *By signing this recommendation, I acknowledge that (i) no tangible benefits or privileges offered in connection with this grant will be accepted nor passed on to any donors, advisors, or related parties to this fund (tangible benefits include, but are not limited to tickets to a dinner or performance, admission to a facility or event, membership privileges, or any material items) and (ii) that no pledges or other financial obligations will be satisfied through this grant. (iii) I understand that I cannot recommend a grant from a donor advised fund to support an individual.*

Fund Advisor Name (print) _____

Fund Advisor Signature _____

Date _____

Foundation Grants Due Diligence – For Office Use Only

Grantee ID # _____ Fund ID # _____

Multi-Year Payment: Yes No Mailing Address Verification Verification of grant purpose with stated fund purpose: Yes No

Tax Exempt Status: GuideStar Pub 78 501(c)(3) Letter Church School Government Org. Expenditure Responsibility

EIN # _____ Program Area _____ Special Instructions _____

Grant Authorization: Management Approval Donor Approval Board Approval

Processed and Approved By _____ Date _____ Expendable Endowed Available Balance Approved By _____