



**Nicholas County Community Foundation
Donor Advised Fund Grant Recommendation Form**

As an advisor to the _____ Fund, I/we recommend the following grant to be considered by the Nicholas County Community Foundation.

Name of Nonprofit: _____

Address: _____

Contact Person: _____ Email: _____

Phone Number: _____ **Recommended Grant Amount* \$** _____

Charitable Purpose of Grant: (eg General Operating, Equipment etc) _____

*** The minimum grant amount you can recommend to another organization is \$100.**

Note: The Community Foundation is required to ascertain the charitable status of all grant recipients. Checks will not be issued until we verify the charity's 501(c)(3) IRS designation or other appropriate documentation. If the Foundation experiences problems verifying the charitable status of an organization we will contact you. All grant recommendations must be approved by the Board of Directors before the grant award is mailed.

My signature below confirms that this grant recommendation does **not** satisfy the fulfillment of a legally binding pledge, loan or other financial obligation for to me, my family members, and any advisor or family members of any advisor. My signature below also confirms that no donor, advisor or any related party will benefit from the charitable distributions.

Signature

Print Name

Phone Number

Email Address

Signature

Print Name

Please mail this form to: Nicholas County Community Foundation, PO Box 561, Summersville, WV 26651. If you have any questions please call (304) 872-0202.

Date received: _____	Charitable Status Verified (Form/Date) _____
Board Approval: _____	Draw down date: _____
Check Number: _____	Date Issued: _____