



SRCF 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 City, County, Govt. 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 _____

Grant Recommendation Form

Fund Name: _____

I/we recommend the following grant(s):

Please note that grants are processed on the first and third Wednesday of each month. Please submit recommendations at least ten (10) days in advance.

Organization: _____

Amount Recommended: _____

Contact Person/Title: _____

Mailing Address: _____

City, State, Zip: _____

Phone Number: (_____) _____

Grant Purpose: Unrestricted Project Memorial Other _____
(check appropriate box)

For project grant, provide project name: _____

For memorial grant, provide name of memorialized individual: _____

For memorial grant, indicate where acknowledgement letter should be sent:

Name: _____

Address: _____

City, State, Zip: _____

Organization: _____

Amount Recommended: \$ _____

Contact Person/Title: _____

Mailing Address: _____

City, State, Zip: _____

Phone Number: (_____) _____

Grant Purpose: Unrestricted Project Memorial Other _____
(check appropriate box)

For project grant, provide project name: _____

For memorial grant, provide name of memorialized individual: _____

For memorial grant, indicate where acknowledgement letter should be sent:

Name: _____

Address: _____

City, State, Zip: _____

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.

Advisor Name (print)

Advisor signature

Date