



Processed Date:	
Eligibility Confirmed:	
Approved By:	
Program Officer:	
FUND ID:	
Profile ID:	
Grant Number:	
Paid Date:	

Donor Advised Grant Recommendation Form

Fund Name:	
Amount:	
Recommended Grantee:	
<input type="checkbox"/> 501c3 <input type="checkbox"/> Other Please Contact Program Officer	
Street Address: City, State, Zip:	
Contact Phone Number:	
E-Mail Address:	
Grant Purpose: (Please attach relevant supporting documents)	
<input type="checkbox"/> I certify that I, my family, and/or a company have not received any benefits.	
<input type="checkbox"/> I certify that this grant recommendation does not fulfill a pledge.	
Signature of Authorized Fund Advisor:	Date:
Printed Name:	
Phone Number:	
E-Mail:	
Special Instructions: *Checks will be mailed to Grantee unless otherwise specified.	
<input type="checkbox"/> Please make this grant anonymously * Neither Fund or Donor Name will appear.	
<input type="checkbox"/> You may use my name with this grant. *Only fund name will be used unless authorized.	
<input type="checkbox"/> Do not mail the grant check. Please contact the following authorized individual when check is ready: (Please state person's name, email address, and phone number)	
I would like a notification of the grant awarded by <input type="checkbox"/> postal service <input type="checkbox"/> e-mail	

Staff use only

Per ACF Grantmaking Policy, ACF Board Chair or Vice Chair signature required for grants between \$25,001 and \$50,000, with ACF Board or Executive Committee approval required for grants over \$50,000.

Signature: _____ Signature: _____
ACF CEO ACF Board Chair or Vice Chair