

**Community Foundation of Mount Vernon & Knox County
Donor Advised Fund Grant Recommendation**

Donor Advised Fund Name

Person Making Recommendation

\$ _____
Grant Amount Recommended

Name of qualifying charity or non-profit organization

City, State, Zip

Phone

Contact Name

Contact Email

Additional information regarding this recommendation

(Please check one)

- This is a recommendation for a **one-time grant**. I understand final determination of this recommendation is the sole responsibility of the Board of Directors of the Community Foundation of Mount Vernon & Knox County.
- I have communicated to the above-named charity **my intention to recommend** multiple grants from the above-named donor-advised fund, the total of all grant recommendations being \$ _____. I understand the **non-binding nature of my intention to recommend this and any future grants**. I understand final determination of this recommendation is the sole responsibility of the Board of Directors of the Community Foundation of Mount Vernon & Knox County.

I furthermore acknowledge that IRS regulations prohibit the payment of personal pledges made by donors to charitable organizations from donor-advised funds, as such payments are considered by the IRS to be a donor-initiated material restriction on the use of a donor-advised fund, which violates the requirement that the Community Foundation have full control of the fund. By signing this form I agree that the recommended grant will not be used for any of the following purposes:

- To fulfill a pledge made to a non-profit organization or institution
- To support a political campaign
- To pay for a membership, dinner, performance or other activity that provides a benefit to the donor

Donor Signature

Date

Board Action: Approved Not Approved Date: _____