

**Donor Advised Fund**  
**Grant Recommendation Form**



**Name of Fund:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I recommend the following grants to the Board of Directors. I understand that this is a recommendation and not a direction, and that the Community Foundation for the Ohio Valley may deny this grant request if it does not meet the policies of the Foundation and the requirements of the Pension Protection Act of 2006.

*Please allow processing time of two weeks. Letters outlining the donation, along with the check, will be mailed directly to the organization.*

**Grant Recommendation(s)**

**Donor Advised Fund**

I certify that the grant(s) recommended meets the requirements, specifically that the grant will NOT:

- *Fulfill an obligation of an existing legally-binding pledge agreement (a contract between you & a charity binding you to make gifts to that charity per the terms of the pledge agreement & may be enforceable against the fund representative(s), family members, or businesses they control);*
- *Pay for dues, membership fees, tuition, goods from charitable auctions, or other goods or services (including dinners, tickets, etc.) that provide more than an incidental benefit to you or any other individual;*
- *Support a political campaign or lobbying activity;*
- *Support a private, non-operating foundation.*

Organization Name: \_\_\_\_\_  
Tax ID Number (EIN): \_\_\_\_\_  
Executive Director/Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Grant Amount: \$ \_\_\_\_\_ Purpose: \_\_\_\_\_  
\_\_\_\_\_ Anonymous? \_\_\_\_ Yes \_\_\_\_ No

Organization Name: \_\_\_\_\_  
Tax ID Number (EIN): \_\_\_\_\_  
Executive Director/Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Grant Amount: \$ \_\_\_\_\_ Purpose: \_\_\_\_\_  
\_\_\_\_\_ Anonymous? \_\_\_\_ Yes \_\_\_\_ No

Organization Name: \_\_\_\_\_  
Tax ID Number (EIN): \_\_\_\_\_  
Executive Director/Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Grant Amount: \$ \_\_\_\_\_ Purpose: \_\_\_\_\_  
\_\_\_\_\_ Anonymous? \_\_\_\_ Yes \_\_\_\_ No

Advisor's Signature (authorized fund representative) / Printed Name

Email and Phone Number

\*The Committee of the fund has agreed to the distribution(s).

Please send the completed form via email to: [Debbie@cfov.org](mailto:Debbie@cfov.org) or mail to: 1226 Chapline Street, Wheeling, WV 26003