



Donor Advised Fund Grant Recommendation Form

Fund / Advisor Information

Name of the Fund: _____ Fund ID# _____

Name of Designated Advisor(s): _____

Advisor Phone #: _____ Advisor Email: _____

Grant Amount: \$ _____ Do you wish to remain anonymous: Yes No

Grant Recommendation

Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name & Title: _____

Email: _____ Phone: _____

Tax ID #: _____ Website: _____

Charitable Purpose: General Operating Support Specific Purpose or Project (*Provide details below*)

Specific Purpose or Project (*If applicable*):

I certify that neither I nor any individual will receive any material benefit from the charitable organization as a result of this grant. I understand and acknowledge that a grant must directly and fully support a charitable program and I will not submit a recommendation intended to:

- Fulfill a legally binding pledge or other financial obligation to the recommended charity
- Benefit myself, any specific individual, family member or business they control
- Support political campaigns or lobbying activities
- Pay for goods, services, membership benefits, event tickets, goods bought at auction or tuition

I understand that this is a recommendation and not a directive and is subject to review and approval. The Catholic Community Foundation of SW Florida will perform the necessary due diligence of the charitable organization to ensure compliance with federal regulations.

By checking this box, you are confirming that you are authorized to make grant recommendations from the fund identified above.

Signature of Designated Advisor: _____ Date: _____

Mail, Fax or Email this form to:

Catholic Community Foundation of Southwest Florida, 1000 Pinebrook Rd, Venice, FL 34285

Fax: 941-484-1121 | Email: CCF@dioceseofvenice.org | Phone: 941-441-1124