

DONOR ADVISED FUND Grant Recommendation Form

<u>Fund Information</u>	
Fund Name	Fund Number
Recommended Grant	
Organization Name	Amount (Minimum \$100)
Address of Organization (needed only for first-time grants) City	y State Zip
Purpose of grant (if other than General Support)	Is grant anonymous?
	NO YES
(4) a 35-percent (or more) controlled entity of the donor, an advisor to the Fund, of collectively referred to as an "interested party"). I hereby understand that a "more example, from: (a) a meal at a fundraising event, paid for by grant funds, being prosenting or priority parking, etc., being provided to an interested party as a result o "more than incidental benefit" is later received, I agree to waive/return the benefigrant will not be made directly to any individual nor will the grant benefit any persult to the donor as described in #1-4 in the paragraph above. I hereby certify that the fulfill a financial pledge. I understand that the final discretion concerning the expetthe Foundation.	te than incidental benefit" would result, for covided to an interested party, or (b) priority of a grant from this fund. I agree that if a lit. I hereby certify that the recommended son specified by the donor or related parties a recommended grant will not be made to
Signature Date	Phone Number
Instructions: If you wish to distribute to more than one organization, Mail completed form(s) to the Lincoln Community Foundation, 215 Cent 68508, or fax to (402) 476-8532, or email to lcf@lcf.org . Thank you for establishing this generous fund at the Lincoln Community Foundation Staff Corg ID: Due Diliger	ennial Mall South Suite 100, Lincoln, NE oln Community Foundation. ants online at www.lcf.org . f Use Only
Grant #: Check Process	ing: