

Donor Advised Fund Grant Recommendation Form

Please complete this form to submit grant recommendations to the Board of Directors of Jefferson County Community Foundation (“JCCF”). JCCF does not make grants to pay membership fees or to satisfy a pledge or other legal obligation. Please mail this recommendation form to JCCF’s Philanthropic Advisor, **Kristina Mayer**, at the following address: Jefferson County Community Foundation, Box 1955, Port Townsend, WA 98368; or fax to (360) 379-3800; or email to kris@jccfgives.org. Thank you.

Name of Donor Advised Fund: _____

Donor Advised Fund Grant Recommendations

	ORGANIZATION NAME	CONTACT NAME AT THE ORGANIZATION	ADDRESS with city, state, zip	EMAIL/ PHONE NUMBER	GRANT AMOUNT
1					

Please provide specific instructions if this grant recommendation is intended for any special use or purpose (such as “for the building fund”):

	ORGANIZATION NAME	CONTACT NAME AT THE ORGANIZATION	ADDRESS with city, state, zip	EMAIL/ PHONE NUMBER	GRANT AMOUNT
2					

Please provide specific instructions if this grant recommendation is intended for any special use or purpose:

Donor Advised Fund Grant Recommendation Form

	ORGANIZATION NAME	CONTACT NAME AT THE ORGANIZATION	ADDRESS with city, state, zip	EMAIL/ PHONE NUMBER	GRANT AMOUNT
3					
Please provide specific instructions if this grant recommendation is intended for any special use or purpose: <hr/> <hr/>					
				SUBTOTAL	\$
				Gift to JCCF	\$
				TOTAL	\$

I understand that JCCF has ultimate control over this Fund and that the Board of Directors of JCCF has final decision making authority regarding grant recommendations. I certify that the grant distributions recommended above do not constitute a grant, loan, payment of compensation or similar payment to a donor, donor advisor, any family member of such persons, or any business entity more than 35% owned by such persons. I certify that such persons will not receive any goods, services, or more than an incidental benefit in connection with any such payment made by JCCF. I further certify that the acceptance of any or all of these recommendations and the payment of such distributions will not result in the payment of any legally enforceable pledge or obligation.

Check this box if you would like grants from this Fund to remain anonymous. Otherwise, the grant distribution(s) will be accompanied by a letter customized to this Fund, indicating that the grant has come from this Fund and requesting the grantee's acknowledgment of receipt.

Name of Advisor (please print) _____

Signature of Advisor _____ Date _____