

# Donor-advised Grant Recommendation Form

Name of Fund: \_\_\_\_\_

I/We recommend that the Midland Area Community Foundation/Clare County Community Foundation review and consider approval of the following distribution from the above fund. I understand that the final judgment rests with the Board of Trustees of the Foundation, whose charge it is to ensure that all distributions meet the regulations of the Internal Revenue Code and are compatible with the policies and purposes of the community foundation. I understand that distributions will not be made until such approval has been granted.

**I/We affirm that these recommendations do not represent the payment of any pledge or other financial obligation and that neither I/we nor members of my/our family, nor our fund advisors nor any related parties, will receive any goods, services or other benefits as a result of this grant, including, but not limited to tickets for special events and other tangible benefits. I/We agree to indemnify the Midland Area Community Foundation/Clare County Community Foundation and its Trustees and staff from any tax or penalty imposed on them if these recommendations result in a violation of the provisions of the Pension Protection Act of 2006.**

Signature(s): \_\_\_\_\_

Date: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Have you recommended a grant to this organization before? \_\_\_Yes \_\_\_No

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Contact Name and Title: \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Federal Tax ID Number: \_\_\_\_\_

Special Purpose of Grant (if different from general operating expenses): \_\_\_\_\_

Dollar Amount (\$): \_\_\_\_\_ (**Minimum amount for Donor-advised Grants = \$100**)  
\_\_\_\_\_ dollars

I would prefer that the identity of the fund from which this grant is being made  
\_\_\_be disclosed, or \_\_\_ not be disclosed.

Thank you for utilizing the Midland Area Community Foundation/Clare County Community Foundation to assist you with your philanthropic needs. If you would like staff assistance in locating programs within your field of interest, please contact us at (989) 839-9661 or (800) 906-9661.

Please return this request to:

Midland Area Community Foundation/Clare County Community Foundation, 76 Ashman Circle, Midland, MI 48640.

**MACF office use only** Grant # \_\_\_\_\_ Entered into system by (initials): \_\_\_\_\_ Date Entered: \_\_\_\_\_

Balance of fund checked by (initials): \_\_\_\_\_ Date fund balance checked: \_\_\_\_\_

Program Officer Signature: \_\_\_\_\_ Date for Board Approval : \_\_\_\_\_