

Donor Advised Fund Grant Recommendation Form

Please complete and email to fund@northwestcf.org or send by post to the Northwest Connecticut Community Foundation
33 East Main Street · PO Box 1144, Torrington, CT 06790

FUND INFORMATION

Fund Name: _____

Donor Advisor: *(your name)* _____

Grant Recipient 1

Organization Name: _____

Address: _____

Grant Amount: \$ _____ Grant Attributed To: In Memory Of / In Honor Of _____

Purpose: *(Will appear as "General Operating Support" if not otherwise specified)*

- Acknowledgements:
- Fund and Advisor Named without Advisor Address
 - Fund and Advisor Named with Advisor Address
 - Fund Named, Advisor Anonymous
 - Fund and Advisor Anonymous

Grant Recipient 2

Organization Name: _____

Address: _____

Grant Amount: \$ _____ Grant Attributed To: In Memory Of / In Honor Of _____

Purpose: *(Will appear as "Unrestricted Support" if not otherwise specified)*

- Acknowledgements:
- Fund and Advisor Named without Advisor Address
 - Fund and Advisor Named with Advisor Address
 - Fund Named, Advisor Anonymous
 - Fund and Advisor Anonymous

By signing this form, you attest that no goods, services, or tangible benefits were received by you in conjunction with this grant and that this grant will not be used to satisfy the payment of any pledge or other personal financial obligation. The Board of Directors of the Northwest Connecticut Community Foundation maintains final authority over distribution decisions and reserves the right to vary or refuse a grant recommendation.

Signature _____ Date _____

Please note: Grants are typically issued 7-10 business days after receipt of this form by the Northwest Connecticut Community Foundation. For special instructions, please contact Bradford Hoar, Vice President of Philanthropic Services, at 860-626-1245 or bhoar@northwestcf.org.