



Donor Advised Fund Grant Recommendation Form

As advisor to the _____, I request that the Board of Directors of The Community Foundation San Luis Obispo County consider and distribution in the amount of \$_____.

Organization Name: _____

Organization's Mailing Address: _____

Unrestricted: Yes: ___ No: ___

Special Instructions/Restrictions: _____

Neither I, my family nor affiliations will receive material benefit from the grant being requested. I acknowledge that the recommendation does not represent the payment of any pledge or financial obligation such as reimbursement, loan or compensation. Nor does the undersigned expect any personal benefit from this charitable distribution. By law, the Foundation's Board of Directors must retain final authority over all distributions. Should the Board have any questions about your recommendation you will be contacted by a member of the Foundation's Staff.

Advisor Signature

Date

Donor Name

Donor Email

**Please return this form to CeeCee Mazelin:
Cecelia@cfsloco.org**

The Community Foundation San Luis Obispo County
550 Dana Street, San Luis Obispo, CA 93401
Phone: 805.543.2323 Fax: 805.543.2346

For Office Use Only					
Fund Advisor matches FIMS:		Charity Verification:		Fund ID:	
Grant purpose matches fund agreement:		Expenditure Control:		Profile:	
Grant is within spending policy:		Letter:		Batch #:	
Amount Available to Spend:	\$	Program Area:		Grant Number:	
CEO Approval:		Director of Grants Approval:		Dir Of Finance Approval:	