



## 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: \_\_\_ Program Name, if restricted : \_\_\_\_\_

Special Mailing, Honorarium, or Tribute Instructions/Program 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 Received

\_\_\_\_\_  
Advisor Name

\_\_\_\_\_  
Advisor Email

**Please return this form to Donor Services**

[donorservices@cfsloco.org](mailto:donorservices@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 Date:	
Grant purpose matches fund agreement:		Expenditure Control:		Profile:		Payment Date:	
Grant is within spending policy:		Letter:		Batch #:			
Amount Available to Spend:	\$	Program Area:		Grant Number:			
Dir of Philanthropy Approval		Dir of Grants & Programs Approval:			Dir of Fin & Admin Approval		