



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.

see attached

Advisor Signature

Date Received

Advisor Name

Advisor Email

Please return this form to Donor Services

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:			
Director Approval:				CFO Approval			