

GRANT RECOMMENDATION FORM

I recommend distribution from the _____

Fund to the following organization(s) and in the amount listed:

ORGANIZATION NAME	AMOUNT	
Address	Would you like your Fund named on the check or le anonymous? Check one	
Phone	Special Instruction:	
Contact		
Contact Email		
ORGANIZATION NAME	AMOUNT	
Address	Would you like your fund named on the check or le anonymous? Check one	
Phone	Special Instruction:	
Contact		

I understand that the staff of Foundation for Appalachian Kentucky will review each recommend a on to ensure that **the organization** is an approved 501(c)3 and/or falls within the charitable guidelines as approved by law.

Further, I acknowledge that:

- There has not been nor will there be any exchange of goods or services or any personal or material benefit that is not provided to the general public (for example newsletters) and that there has not been nor will there be any tangible benefit, goods or services, such as tickets, memberships, meals, preferred parking, preferred sea ng, discounted merchandise or other preferential treatment from the recommendation(s) above.
- The recommendation(s) above do not satisfy any pre-existing personal pledge(s) or other financial obligations of the donor(s), advisor(s), or any related par es.
- The recommendation(s) above do not benefit an individual(s).

Donor Advised Fund Authorized Representative (Signature)

Printed Name	Email	Date