



**DONOR ADVISED FUND  
GRANT REQUEST FORM**

Date: \_\_\_\_\_

Name of Donor-Advised Fund: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**INFORMATION FOR PROPOSED GRANT**

Nonprofit Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name and Title: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Amount of Proposed Grant: \$ \_\_\_\_\_

Purpose of Grant: \_\_\_\_\_

I attest that the recommendation above does not represent payment of a pledge or other personal financial obligations on behalf of the fund representative(s), family members or businesses they control and that **no** tangible benefit, goods or services, such as membership, dinners, tickets, etc. were or will be received by any individual or entities connected with the Fund (described above). I also understand no grants, loans, compensation or similar payments can be made to donors, advisors or related parties.

I understand that this is a recommendation only, and that the Foundation's Board of Directors has sole discretion for grants made from the Fund.

Signature of Donor/Advisor(s): \_\_\_\_\_

***Per Federal legislation enacted in 2000, known as the Electronic Signatures in Global and International Commerce Act (ESGICA), please be aware that an electronic signature (which can be just your typed name) is as legally binding as a handwritten signature***

Please mail or email completed form to Debbie Kuffel, Program & Finance Officer / [debbie@bainbridgecf.org](mailto:debbie@bainbridgecf.org) or drop it off at the BCF office.