

Grant Recommendation

This form should be used to recommend a grant from your ImpactAssets Donor Advised Fund account. For fastest processing, visit www.impactassets.org to make your recommendation online. ImpactAssets has full discretion over grantmaking and may modify or decline grant recommendations that are inconsistent with policies in our Program Circular. Please review the Program Circular for complete grantmaking guidelines.

Send completed form to:

BY EMAIL

clientservice@impactassets.org

BY FAX

301.263.7998

BY MAIL

ImpactAssets
4340 East West Highway, Suite 210
Bethesda, MD 20814
Telephone: 855.482.2946

1. Account Information

ImpactAssets Donor Advised Fund Account Name

ImpactAssets Donor Advised Fund Account ID

2. Organization Information

Have you recommended a grant to this organization via The ImpactAssets Donor Advised Fund before?

☐ Yes

☐ No

Organization Legal Name

Federal Tax ID Number

Mailing Address

Organization Contact Name

City State Zip/Postal Code

Telephone

Email

3. Grant Amount

\$

Grant Amount (minimum of \$250)

4. Acknowledgement Instructions

ImpactAssets grant payments are accompanied by a letter to the charity that includes the ImpactAssets Donor Advised Fund account name, as well as the name and address of the individual(s) named on the account. Please select one of the following acknowledgement options:

- ☐ The individual(s) named on the account
- ☐ The Donor Advised Fund account name only
- ☐ Issue this grant anonymously
- ☐ Recognize the following individual(s):

Name

Mailing Address

City State Zip/Postal Code

Grant payments may only be sent to the organization's official address. Please note that ImpactAssets may contact the recipient charity.

5. Grant Timing

Unless specifically requested, your Grant Recommendation will be made as soon as possible.

- ☐ Please issue this Grant Recommendation as soon as possible.

- ☐ Please issue this Grant Recommendation on a specific future date:

Date (mm/dd/yyyy)

- ☐ Please issue this Grant Recommendation on a recurring basis:

STARTING:

ENDING:

Time Interval (e.g. monthly)

Date (mm/dd/yyyy)

Date (mm/dd/yyyy)

6. Grant Purpose

If no option is selected, the default grant purpose will be **General Support**.

- ☐ I recommend that this grant be used for general support

- ☐ I recommend that this grant be used for _____

Note: Grants with specific purposes may take longer to process as we verify that the grant purpose meets IRS guidelines.

7. Special Instructions for the ImpactAssets Team (Optional)

8. Confirmations and Signature

- I acknowledge that I have read the Program Circular.
- I confirm that this grant does not support political campaigns or lobbying activities.
- I certify that neither I nor any other individual associated with the Account or with me will receive any goods, services, or benefits from the recommended charitable organization if this grant is distributed. For example, such an impermissible benefit would be: admission to charitable events such as galas, luncheons, outings; payment for goods at charitable auctions; membership not considered 100% tax deductible; payment of tuition; reimbursement of expenses incurred from fundraising activities; fulfillment of a legally enforceable pledge or commitment to the recommended charity).

_____	_____	____/____/____
Signature	Name (Please Print)	Date