CATHOLIC COMMUNITY FOUNDATION OF NORTHEAST INDIANA

Donor-Advised Grant Recommendation Form

Name of Fund: _____

I/We recommend that the Catholic Community Foundation of Northeast Indiana review and consider approval of the following distributions from the above fund. I understand that the final judgment rests with the Board of Directors of the Foundation, whose charge it is to ensure that all distributions meet the regulations of the Internal Revenue Code and are compatible with the policies and purposes of the Catholic Community Foundation. I understand that distributions will not be made until such approval has been granted.

I/We affirm that these recommendations do not represent the payment of any pledge or other financial obligation and that neither I/we nor members of my/our family, nor our fund advisers nor any related parties, will receive any goods, services, or other benefits as a result of this grant, including, but not limited to tickets for special events and other tangible benefits, I/We agree to indemnify the Catholic Community Foundation, its Board of Directors and staff from any tax or penalty imposed on them if these recommendations results in a violation of the provisions of the Pension Protection Act of 2006.

Signature(s): _____ _____

Date: _____

Organization Name: _____

Have you recommended a grant to this organization before? ☐ Yes ☐ No

Address: _____

City/State/Zip _____

Contact Name and Title: _____

Telephone: _____ Federal Tax ID Number: _____

Special Purpose of Grant (if different from general operating expenses):

_____

Dollar Amount ($): _____ **(Minimum amount for Donor-advised Grants = $100)**

Thank you for utilizing the Catholic Community Foundation of Northeast Indiana to assist you with your philanthropic needs. If you would like staff assistance in locating ministries within your field of interest, please contact us at (260) 399-1436.

Please return this request to:
Mail: Catholic Community Foundation of Northeast Indiana, 334 E. Berry St., Fort Wayne, IN 46802 **Email:** grants@ccfnei.org

CCFNEI Office Use Only

Approval Signature: _____ Date: _____