

GRANT RECOMMENDATION FORM



COMMUNITY FOUNDATION OF UTAH

1. Fund Information

Name of Fund: _____

My Name: _____

My Relationship to the Fund:

☐

Donor Advisor

☐

Additional Advisor

☐

Authorized Fund Representative

2. Recommended Grantee

Organization: _____

Address: _____

Phone Number: _____

Email: _____

Primary Contact: _____

Organization EIN: _____

3. Grant Information

Amount: _____

Any Special Instructions?* _____

*For grant recommendations to the The Church of Jesus Christ of Latter-day Saints, please include your Membership Record Number (MRN)

4. Donor Certification

Please confirm that the following statements are true and accurate to the best of your knowledge. If you are completing this form on behalf of a Donor Advisor or Corporate Advisor, please also confirm that these statements are true and accurate for them as well. If you cannot certify to one of these statements or if you have any questions about them, please contact our Donor Services Team at 801-559-3005 or donor@utahcf.org.

- ☐ I will not receive any personal or economic benefit because of this grant, and no family members or entities 35% owned by me or a family member will receive any benefits either. (Prohibited excess benefits include, but are not limited to, event tickets, meals, membership privileges, special access, compensation, and satisfaction of personal pledges. Please note that the IRS no longer permits donor-advised funds to pay tax-deductible portions of event tickets or sponsorships event when the donor advisor personally pays the non-tax-deductible portion.)
- ☐ I do not have any special relationship with the recommended grantee other than as a donor, and no family member has a special relationship either.

If the above statement is incorrect, please explain any relationship that you or a family member has with the grantee (e.g., board member, employee, founder, etc.):

- ☐ I believe the recommended grantee is a public charity under U.S. tax law. The grantee is not an individual, nor will the grant benefit any specific individual.
- ☐ I intend for the grant funds to be used for a valid charitable purpose under U.S. tax law.

By signing below, I declare that the information provided on this form is true and accurate to the best of my knowledge.

Signature

Name: _____

Date: _____