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rsfsocialfinance.org

GRANT RECOMMENDATION FORM Donor Advised Funds

INSTRUCTIONS

Return by email to grantrec@rsfsocialfinance.org, by fax to 415.561.3919, or by mail to: RSF Social Finance, PO Box 2007, San Francisco, CA 94126

QUESTIONS?

Contact the Philanthropic Services team at PS@rsfsocialfinance.org

I. FUND INFORMATION

DONOR ADVISOR NAME _____

FUND NAME _____

II. GRANT RECOMMENDATION *(For additional recommendations, please complete additional sheets.)*

I/We recommend a grant in the amount of \$_____ be made from the above named fund to the following charitable organization. *(If recommending a grant to RSF or to an existing fund at RSF, you only need to include the name of charitable organization and purpose of grant.)*

NAME OF CHARITABLE ORGANIZATION _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CONTACT PERSON AT ORGANIZATION _____ PHONE _____

ORGANIZATION'S TAX ID (EIN) NUMBER (IF KNOWN) _____

PURPOSE OF GRANT: GENERAL OPERATING SUPPORT SPECIFIC PROJECT / FUND _____

GRANT RECURRENCE

Yes, this is a recurring grant. I/We wish the grant to recur quarterly, or annually with a start date of _____ and end date of _____

GRANT ACKNOWLEDGEMENT

I/We wish to remain anonymous / for the fund to be named in the grant award letter and in donor listing.

III. RELATIONSHIP DISCLOSURE *(Please attach additional sheet if necessary.)*

I/We have set forth below any and all relationships, familial, business or otherwise, that I/we have with any of the beneficiaries or grantees of any organizations set forth in this Donor Grant Recommendation. I/we understand that RSF may, at its option, withhold, withdraw or demand immediate return of all funds from such organizations if I/we fail to make timely, accurate and complete disclosure of such relationships.

IV. REQUIRED SIGNATURE

By signing below, I/we acknowledge that this grant will not fulfill an existing pledge (an existing pledge is one made before this grant has been approved by RSF); provide a benefit, goods or services for any specific individual or myself/ourselves or my/our family; pay for dues, membership fees, tuition, goods from charitable auction; support a political campaign or lobbying activity; or support a private non-operating foundation.

I/We understand that this is a recommendation and not a direction. I/We understand that the grant recommendation is subject to RSF review and approval in accordance with its policies and applicable law. RSF may turn down the grant recommendation if the grant does not meet criteria for approval.

SIGNATURE _____

DATE _____

PHONE NUMBER _____

TITLE *(for organizational funds)* _____