



KNOX COUNTY FOUNDATION

Grant Recommendation

Complete this form to recommend a grant of \$100 or more from your Knox County Foundation Donor-Advised Fund to support a qualified public charity.

If you need assistance or additional forms, please call 740-392-3270 or email kara@knoxcf.org.

1. Fund Information

Donor Advised Fund Name _____

Advisor Making Recommendation _____

2. Charity Info

Charity/Non-Profit Name _____

Contact Name _____ Contact Number _____

Street Address _____ City, State Zip _____

Tax ID Number (if known) _____ Telephone Number _____

3. Purpose of Grant (please check)

- ☐ General Operating Support
- ☐ Capital Contribution
- ☐ Specific Program/Other:

4. Grant Amount

Indicate the amount of the grant that the organization is to receive:

\$ _____

(\$100 minimum)

5. Grant Frequency

- ☐ One-time grant

The grant listed on the previous page will be sent as soon as administratively feasible unless an alternative date is entered below.

Grant date (month/date/year) _____

- ☐ Recurring grant (please select recurring timing):

☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually

Required: Beginning date (month/day/year) _____

Required: End date (month/day/year) _____

Recurring grant amount:

Per installment \$ _____ Cumulative annual amount \$ _____

Grant Recognition

Indicate how the grant should be acknowledged when the check is issued to the recipient organization.

☐ Recognize donor-advised fund name and donor(s)

☐ Anonymous

You may also indicate others to be named with grant, regardless of the recognition choices made above.

☐ In honor of _____

☐ In memory of _____

Acknowledgment of Terms

I understand that this is a recommendation and not a direction. I further understand that Knox County Foundation (KCF) reviews all grants to ensure that the organization is a qualified charity under IRS regulations, and that the purpose of the grant is charitable in nature. KCF may deny a recommendation if the grant does not meet criteria for approval. By signing below, I acknowledge each of the following statements:

- My grant directly and full supports a charitable program.
- My grant does not fulfill a legally binding pledge to a charitable organization (multi-year recommendations are acceptable).
- My grant does not pay for attendance at a charitable event (e.g., luncheon, golf outing).
- My grant does not pay for attendance or goods/services at a charitable auction.
- My grant does not pay for membership fees, dues, tuition, or any other benefit.
- My grant does not support a political campaign or lobbying activity.
- My grant will not provide a more than incidental benefit, good, or service to myself or any specific individual.
- My grant does not support a private non-operating foundation.
- I received a charitable deduction when I established my donor-advised fund and cannot claim any additional deductions for this grant.

Donor Fund Advisor Signature

Date

8. Return this completed form by mail or email to:

Knox County Foundation
P.O. Box 309
Mount Vernon, OH 43050
kara@knoxcf.org