

GRANT RECOMMENDATION

INSTRUCTIONS: Complete this form to recommend a grant of £200 or more (or \$320 or more) from your donor-advised fund (DAF) to support a qualified charity.

1 DONOR-ADVISED FUND INFORMATION

FUND NAME _____ DONOR-ADVISED FUND ACCOUNT NUMBER (IF KNOWN) _____

2 GRANT DETAILS

RECIPIENT ORGANISATION

CHARITY NAME _____ CHARITY NUMBER/I.D./EIN _____

ADDRESS _____

CITY _____ STATE (US ONLY) _____ POSTAL CODE _____ COUNTRY _____

CONTACT PERSON AT ORGANISATION _____ TELEPHONE _____ EMAIL _____

GRANT AMOUNT

AMOUNT (£200/\$320 MINIMUM) _____ Currency: GBP USD (default will be DAF Account currency)

PURPOSE OF GRANT

In furtherance of the charitable purposes of the grantee organisation (default if no box is checked)

Other _____

RECOGNITION

A letter accompanying your grant will be sent to your selected charity. Please indicate your preference for recognition.

Recognise Fund Name and Donor (default if no box is checked) Anonymous

TIMING

One-time Grant: Issue the approved grant as soon as possible

Recurring Grant: Issue the approved grant on a recurring basis as indicated below for the amount listed above. (Note: Recurring grants may be discontinued for insufficient funds, or if a notice to suspend is received.)

Quarterly Every 6 months Annually Other _____

BEGINNING DD/MM/YYYY) _____ ENDING DD/MM/YYYY) _____

SPECIAL NOTES

If you wish for your contact information to be given to the charity, please provide it in Special Notes section above.

3 ACKNOWLEDGEMENT OF TERMS

I understand that this is a recommendation and not a direction. I further understand that NPT Transatlantic reviews all grants to ensure that the organisation is a qualified charity under relevant UK and US regulations, and that the purpose of the grant is charitable in nature. NPT Transatlantic may deny a recommendation if the grant does not meet criteria for approval. By signing below, I acknowledge that this grant will not:

- Provide more than an incidental benefit, good or service to any specific individual, myself or related entities.
- Pay for dues, membership fees, tuition, goods from a charitable auction or other goods or services.
- Support a political campaign or lobbying activity, an individual or a private non-operating foundation.

PRIMARY/JOINT/AUTHORISED SECONDARY ADVISOR SIGNATURE _____ DATE (DD/MM/YYYY) _____

NAME (PRINT) _____

RETURN TO forms@nptransatlantic.org

You may also submit a grant recommendation online via DonorView.
 For more information | enquiries@nptuk.org | +44 (0)800 133 7540 | www.nptuk.org