

# GRANT RECOMMENDATION

**INSTRUCTIONS:** You may recommend a grant of £200 or more from your donor-advised fund (DAF) to support a qualified charity, by either using this form, or logging onto the donor portal at [www.mynptuk.org/nptuk/Login](http://www.mynptuk.org/nptuk/Login).

## 1 DONOR-ADVISED FUND INFORMATION

FUND NAME \_\_\_\_\_ DONOR-ADVISED FUND ACCOUNT NUMBER (IF KNOWN) \_\_\_\_\_

## 2 GRANT DETAILS

### RECIPIENT ORGANISATION

CHARITY NAME \_\_\_\_\_ CHARITY NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

CONTACT PERSON AT ORGANISATION \_\_\_\_\_ TELEPHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

### GRANT AMOUNT

AMOUNT (£200 MINIMUM) \_\_\_\_\_ Currency: GBP USD OTHER \_\_\_\_\_

Further gift aid cannot be claimed by the charity on the above grant amount.

### 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)  Anonymously

### 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.)

Monthly  Quarterly  Every 6 months  Annually

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

- The grant will not pay for attendance at a charitable event (e.g. gala, luncheon, golf outing, auction).
- The grant will not pay for goods/services, or any other benefit for myself or any specific individual (e.g. auction item, membership fee, dues, tuition).
- The grant will not be used to support a political campaign or lobbying activity.
- The grant will not support a private non-operating foundation.
- The donor received a charitable deduction upon contributing assets to the donor-advised fund and no one will claim an additional deduction for this grant.

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

NAME (PRINT) \_\_\_\_\_

## RETURN TO [forms@nptuk.org](mailto:forms@nptuk.org)

For more information | [enquiries@nptuk.org](mailto:enquiries@nptuk.org) | +44 (0)800 133 7540 | [www.nptuk.org](http://www.nptuk.org)