



# RSF Donor Advised Fund Grant Recommendation Form

## Instructions

Please complete this form and fax it to 415.561.3919 or mail it to RSF Social Finance, 1002A O'Reilly Avenue, San Francisco, CA 94129-1101.

## Fund Information

Donor's Name \_\_\_\_\_  
Mr./Ms. First Initial Last

Fund Name \_\_\_\_\_

## 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 \_\_\_\_\_ Telephone \_\_\_\_\_

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,  biannually, 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.

## 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 RSF funds and 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 if I/we fail to make timely, accurate and complete disclosure of such relationships.

\_\_\_\_\_  
\_\_\_\_\_

## Required Signature

By signing below, I/we acknowledge that this grant is not intended to fulfill an existing pledge (an existing pledge is one made before this grant has been approved by RSF); acquire a benefit, goods or services for any specific individual or myself/ourselves; pay for dues, membership fees, tuition, goods from charitable action; support a political campaign of 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 RSF will perform the necessary due diligence to ensure that the organization is a legitimate charity under IRS regulations and that the nature of the grant is charitable in nature. RSF may turn down the grant recommendation if the grant does not meet criteria for approval.

Signature Date

Phone Number Title (for organizational funds)