ENDEAVOR

WE PUT GENEROSITY TO WORK FOR NORTHWEST ARKANSAS

DISTRIBUTION REQUEST FORM

Fund Name: _____

Organization Name (Grantee): _____

(Please provide the complete name of the grantee organization)

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____

Total Amount: $ _____ (minimum $250.00)

Grant Program: If this distribution (grant) is restricted to a specific program, please indicate such program.

_____

Grant Acknowledgment: A letter accompanying your grant will be sent to the recipient organization.

The acknowledgment letter will list the fund as the donor unless you request anonymity by checking this box: ☐ **Anonymous**

Signature: In signing this distribution request form, I understand and acknowledge the following:

a.) That a grant must directly support a charitable program, and therefore, I acknowledge that this grant is not intended to:

- Fulfill any legally enforceable financial obligation, including a pledge,
- Acquire a benefit, goods or service for myself or any specific individual,
- Support political campaigns or lobbying activities,
- Pay for dues, tangible membership benefits, goods from charitable auctions, school tuition, or other goods or services, or,
- Pay for attendance at galas, sporting events or benefit events.

b.) That the donor cannot claim a charitable deduction for a grant made from this donor advised fund, even if the grantee sends a receipt, as the donor received a tax deduction at the time the gift was made to the Foundation.

c.) That the donor(s), advisor(s), myself, or anyone related to the aforementioned parties will not receive any benefit in connection with this recommended grant.

d.) That this recommendation is subject to Foundation review and approval, per the Foundation's Due Diligence and Expenditure Responsibility Grant Procedures.

Fund Advisor Signature	Printed Name	Date
_____	_____	_____

Due Diligence (for office use only)

Grant Classification (Program Area Code): _____

Effect Code _____	**Region Code** _____
IRS Foundation Code _____	**Expenditure Responsibility** Yes No
501(c)(3) Ruling Date _____	**Available to Spend Balance** _____
Deductibility Code _____	**Staff Due Diligence By** _____
Classification Code _____	**Date** _____