



3700 Sixth Street, Suite 200  
Riverside, CA 92501  
P: 951-241-7777 F: 951-684-1911  
www.iegives.org

### Donor Advised Grant Recommendation Form

**Fund Name:** \_\_\_\_\_ **Fund I.D.** \_\_\_\_\_

**Donor Advisor:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_ **Date:** \_\_\_\_\_

As a donor advisor to Inland Empire Community Foundation, I recommend the following grant(s) from the above-named fund. I certify to Inland Empire Community Foundation that this recommendation is not payment of, or otherwise related to, any pledge or other financial obligation of the undersigned and that I will not receive, nor will any member of my family receive, nor will any entity in which I or any of my family members owns a 35% or greater interest receive, any benefit, of any nature, directly or indirectly, from the charitable distribution(s) or organizations(s) recommended to receive the grant(s). I further certify, to my best knowledge, that no substantial donor to the fund, nor any family member of such donor, nor any entity in which such a donor or such a family member owns a 35% or greater interest, will receive any benefit of any nature, directly or indirectly, from the charitable distribution(s) or organizations(s) recommended to receive the grant(s). Additionally, I certify that this grant recommendation will not benefit individuals. Further, I understand that the final judgment on recipients and awards rest with the Board of Directors of the Foundation.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please mail or email this completed form to:**

Celia Cudiamat  
Senior Vice President of Grants & Community Impact  
Inland Empire Community Foundation  
3700 Sixth Street, Suite 200  
Riverside, CA 92501

Phone: 951-241-7777, ext. 114 Email: [ccudiamat@iegives.org](mailto:ccudiamat@iegives.org)

**Please allow 7-10 business days for your request to be processed.** Incomplete forms will delay processing. An electronic .pdf copy of the gift letter being sent to the grantee will be e-mailed to you for your records.

*For office use only:*  
Received: \_\_\_\_\_  
Staff Initials: \_\_\_\_\_

<u>Grant Recommendation</u>	<b>For office use only:</b> Grant No.: _____ Grantee I.D.: _____
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Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

*(No residential addresses, please)*

City/State/Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Amount Recommended: \$ \_\_\_\_\_ Anonymous? Yes No

Purpose *(if other than general support)*: \_\_\_\_\_

Organization Tax I.D. *(if known)*: \_\_\_\_\_

<u>Grant Recommendation</u>	<b>For office use only:</b> Grant No.: _____ Grantee I.D.: _____
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Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

*(No residential addresses, please)*

City/State/Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Amount Recommended: \$ \_\_\_\_\_ Anonymous? Yes No

Purpose *(if other than general support)*: \_\_\_\_\_

Organization Tax I.D. *(if known)*: \_\_\_\_\_

Thank you for establishing a donor-advised fund at Inland Empire Community Foundation. Please use this form to recommend grants from your fund. For staff assistance, please call the Foundation office at (951) 241-7777.

The Foundation may request additional information from the recommended organization(s). If your recommendations are approved, we will send grant award letters and checks to the recipients. Should the Foundation have any questions about your recommendation(s), a staff member will contact you.