



RECOMMENDATION FOR CHARITABLE DISTRIBUTIONS

To request a grant from a Donor-Advised Fund

NAME OF FUND: _____

Recommendation for Charitable Distributions

I recommend that Triangle Community Foundation review and approve the following distribution(s) from the fund. I understand the Foundation will conduct due diligence to determine the eligibility of intended grantee organizations.

I understand that final approval rests in the hands of the Foundation, whose charge it is to ensure that all distributions comply with regulations of the Internal Revenue Service and are compatible with the policies and purposes of the Foundation.

I certify that these recommendations do not represent the payment of any legally enforceable pledge or obligation, and that I will not receive any goods, services, or non-tax deductible membership benefits.

Donor/Advisor Signature: _____ Date: _____

I'd also like to contribute to the Fund for the Triangle

Triangle Community Foundation is committed to ensuring that our region is home to thriving people and vibrant places. Through the Foundation's discretionary Fund for the Triangle, we partner with donors like you and community investors to collectively provide funding and resources that support the most critical needs in the Triangle across four impact areas: **Cultural Arts, Education and Youth, Nonprofit Capacity Building, and Sustainable Communities**. Within these four impact areas, we fill gaps, reduce inequities, and address the region's most pressing challenges. Through annual grant programs and educational opportunities, we are building a strong and innovative ecosystem of nonprofits that are creating lasting change in our region. Thanks to our donors, we've granted more than \$12 million to organizations in the following impact areas since 2013.

Amount of Grant to Fund for the Triangle: (minimum \$250)

\$ _____
Recurring Grant: Yes _____ No _____
Recurrence Frequency: _____
End Date/# of Recurrence: _____

Name and Address of Recipient Organization

Organization: _____
Full Address: _____
Contact (name and title): _____
Phone or email: _____
Website: _____
EIN: _____
Grant Purpose: _____

Anonymous grant: Yes _____ No _____

Amount of Grant: (minimum \$250)

\$ _____
Recurring Grant: Yes _____ No _____
Recurrence Frequency: _____
End Date/# of Recurrence: _____

Internal Use Only

Org Profile ID: _____

Name and Address of Recipient Organization

Organization: _____
Full Address: _____
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Phone or email: _____
Website: _____
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Grant Purpose: _____

Anonymous grant: Yes _____ No _____

Amount of Grant: (minimum \$250)

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