



**DAF Grant Recommendation Form**

**Re:** \_\_\_\_\_ **Donor Advised Fund #** \_\_\_\_\_

Dear Heather:

I/we hereby recommend that CCFESD makes distributions from the above named Donor Advised Fund to the following organizations: (attach additional listings if needed)

Amount: \_\_\_\_\_ To: \_\_\_\_\_  
For the purpose of: \_\_\_\_\_  
Address (if new beneficiary): \_\_\_\_\_

Amount: \_\_\_\_\_ To: \_\_\_\_\_  
For the purpose of: \_\_\_\_\_  
Address (if new beneficiary): \_\_\_\_\_

Amount: \_\_\_\_\_ To: \_\_\_\_\_  
For the purpose of: \_\_\_\_\_  
Address (if new beneficiary): \_\_\_\_\_

Yes  No **I grant permission to share name and address with beneficiary**

**I/we understand that:**

- Each recommended distribution must be a minimum of \$100.00
- These are recommendations only, and that CCFESD legally owns and controls the funds and has the ultimate discretion as to whether and to whom distributions are made.
- I/we cannot receive items of value that are more than incidental benefit such as meals, tickets and preferential seating at charity events, purchasing auction items, advertising, etc.
- CCFESD may make grant distributions:
  - To 501(c)(3) qualified organizations or that otherwise qualify as a charitable contribution under 26 IRC 170,
  - that are not inconsistent with Catholic teaching AND
  - that are consistent with the CCFESD Donor Advised Fund Policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*By typing in your name you are providing electronic signature.

**Please complete and e-mail information to, and request additional forms from:  
hfortin@ccfesd.org. To return by mail: CCFESD, Attn: Heather, 523 N Duluth Ave,  
Sioux Falls, SD 57104**