



Scrivener Updates: 8/24/21 CBM Logo 2.9.24 KP
Last Board Approval: 6/24/2025
Last Review/Approval: 6/18/2025 Finance Committee
Board Adopted: 05/23/2006

Donor Advised Fund Grant Recommendation(s)

**TO: Community Foundation of the Quincy Area dba Community Foundation
Serving West Central Illinois & Northeast Missouri
621 Vermont Street
Quincy, IL 62305**

RE: <Fund Name>

\$ _____ Amount Available for Grants Recommendations can be made throughout the year.

Pursuant to the terms of the Fund, which I/we have established in the Community Foundation, I/we hereby recommend that you distribute the following amount(s) to the nonprofit organization(s) indicated for the purposes briefly stated.

NOTE: The Community Foundation does not generally require final reports for operating or general purpose grants from a Donor Advised Fund.

1	Organization	Community Foundation of the Quincy Area
	Address	621 Vermont Street, Quincy, IL 62301
	Amount	\$
	Purpose	<i>It is recommended, not required, that ten percent (10%) of the total amount available for distribution be contributed to the Community Endowment Fund. (Minimum \$250 grant amount does not apply.)</i> The Community Endowment Fund is used for competitive grantmaking throughout the Community Foundation's service area.
2	Organization	
	Address	
	Amount	\$
	Purpose	
3	Organization	
	Address	
	Amount	\$
	Purpose	
4	Organization	
	Address	
	Amount	\$
	Purpose	

If you are NOT making grant recommendations this year, complete the Fund Activity Plan section below and return to the Community Foundation.

Fund Activity Plan

In lieu of making grant recommendations this year, I/we request that the Community Foundation assist me/us with a Fund Activity Plan.

Please provide a plan for your fund's activity below, e.g., allow for growth.

I/we understand that the final determination rests with the Community Foundation whose charge it is to ensure that all distributions meet the regulations of the Internal Revenue Code and are compatible with the policies and purposes of the Community Foundation.

I/we declare that these recommendations do not represent the payment of any pledge or other financial obligation of the fund representatives including donors or related parties or businesses they control. Further, no tangible benefits, goods, or services such as membership benefits, dinners, tickets, etc. were or will be received by any individual or entities connected with the Fund from any of these organizations.

Name(s)—Printed

Signature—Required

Company Name (If applicable)

Date