COMMUNITY FOUNDATION OF WEST KENTUCKY

Donor Advised Fund Recommendation Form

As an advisor to the _____ Fund (Fund Code _____), I/we recommend the following grant to be considered by the Community Foundation of West Kentucky, Inc.

Grant Amount: _____

Name of Nonprofit: _____

Address: _____

Contact Person: _____ Email: _____

Phone Number: _____ Website: _____

Charitable Purpose of Grant: _____

I/we understand that this recommendation is advisory only and that final authority over all distributions rests with the Community Foundation of West Kentucky, Inc. It is the responsibility of the Community Foundation to ensure all grants are made for charitable purposes consistent with Internal Revenue Service guidelines and the mission of the Community Foundation.

I certify the grant suggested above does not result in the donor, advisors or any related parties receiving an exchange of goods or services or any personal or material benefit. This grant will not be used to support a political campaign or to pay for a membership, dinner, performance or any other activity that provides benefit to the donor, advisors or any related parties. Additionally, this grant will not be used to satisfy all or a portion of a pre-existing personal pledge or other financial obligation of the donor, advisors or any related parties. This grant is not a grant, loan, or compensation to the donor, advisor or any related party. To the best of my knowledge, this grant recommendation complies with the CFWK Donor Advised Fund Policies and Guidelines.

Signature of Advisor	Date	Signature of Advisor	Date
Printed Name		Printed Name	

Please mail this form to:
Community Foundation of West Kentucky, Inc., P. O. Box 7, Paducah, KY 42002