

Your partner in giving

Grant Recommendation

You may recommend a grant of \$250 or more from your NPT Donor-Advised Fund to support a qualified public charity either by using this form or by logging on to the donor portal at nptgivingpoint.org and selecting *Recommend a Grant*.

If you need assistance, please call (888) 878-7900 or send an email to npt@nptrust.org.

1. Donor-Advised Fund Information Donor-Advised Fund Name				Donor-Advised Fund Account Number		
Primary/、 Prefix	Joint/Additional Advisor First Name	MI	Last Name			Suffix
2. Select a Charity Charity Name						
Contact Name				Contact Number		
Street Add	dress			City	State	ZIP
Tax ID nu	mber (if known)			Phone		
Choose Recognition Preference (please choose one) NPT will include the following recognition information in the communication sent to the charity.						
Recommended by:						
	Name & Donor Name(s) & Addre	ess		Donor Name(s) & Address		
Fund Name & Donor Name(s)			Donor Name(s)			
Fund Name & Donor Address			Donor Address Only			
Fund Name Anonymous						
You may also indicate others to be acknowledged with this grant, regardless of the recognition choices made above.						
In hono	or of					
In mem	nory of					
In reco	gnition of					
Solicite	ed by					

4. Grant Amount – Indicate the amount of the grant that the organization is to receive.

Amount (\$250 minimum)

5. Select Grant Frequency (please choose either one-time or recurring)

One-time grant

The grant will be sent as soon as administratively feasible unless an alternative date is entered below.

Grant date (month/day/year)

Recurring grant (please select recurring timing)

Monthly Quarterly Semi-annually Annually

Required: Beginning date Required: End date

6. Purpose of Grant (please choose one)

Where needed most / Unrestricted / General support

Annual Fund

General scholarship support

Faith-based giving*

Capital campaign

Annual support

Research grant

*Additional grant purpose details

Disaster relief

Athletic program support

Membership (no benefits) Fundraising run, walk, etc.

Named scholarship*

Event support (no benefits, not attending)

Other purpose not listed*

7. Acknowledgement of Terms

If I am the primary or joint advisor, I represent and warrant the following about my grant recommendation; or if I am not the primary or joint advisor, I represent and warrant that I am authorized to make the following representations on behalf of the primary and joint advisor:

- The grant will directly and fully support a charitable program.
- The grant will not pay for attendance at a charitable event (e.g. gala, luncheon, golf outing, auction).
- The grant will not pay for goods/services or any other benefit for myself or any specific individual (e.g. auction item, membership fee, dues, tuition).
- The grant will not be used to support a political campaign or lobbying activity.
- The grant will not support a private non-operating foundation.
- The donor received a charitable deduction upon contributing assets to the donor-advised fund and no one will claim an additional deduction for this grant.

By signing below, I acknowledge my understanding that I am submitting a recommendation and not a direction, and that my recommendation is not legally binding on National Philanthropic Trust (NPT). I acknowledge that NPT retains exclusive legal control over contributed assets. I further acknowledge that I have read NPT's **A Guide to Your Donor-Advised Fund** and agree to the terms and/or conditions contained therein. I certify that, to the best of my knowledge, all information in connection with this recommendation is accurate or I will notify NPT in writing of any changes.

If I selected a recognition option other than "Anonymous," I acknowledge that by selecting the recognition option above, I am hereby giving NPT permission to share with the recommended grantee the name of my donor-advised fund, my name and/or my address, as indicated above.

7. Acknowledgement of Terms (continued) If I am a financial advisor, I further attest that I am submitting this grant recommendation on behalf of my client and with the full authority for my client, and I understand a notice via email will be sent to the primary advisor on this donor-advised fund account. Primary/Joint/Additional/Financial Advisor Signature Print Name Date (MM/DD/YYYY) RETURN THIS COMPLETED FORM BY EMAIL OR MAIL TO: National Philanthropic Trust 165 Township Line Road, Suite 1200, Jenkintown, PA 19046 | npt@nptrust.org