



Donor Advised Grant Form

As advisor to the _____, I request that the Humboldt Area Foundation & Wild
(fund name)

Rivers Community Foundation Board of Directors consider an expenditure in the amount of \$ _____

Please make the **grant** to: _____
(nonprofit, public school, church, government agency, Tribal government)

Please make the check **payable** to: _____

Please **mail** the check to: _____

At: _____
(address, city, state, zip code)

For the **charitable purpose** of: _____

Special handling: _____

Neither I, nor my family or affiliations will receive material benefit from the grant being requested. I acknowledge that the above recommendation does not represent the payment of any legally binding pledge or other financial obligation such as reimbursement, loans or compensation. Nor does the undersigned expect any personal benefit from this charitable distribution. The undersigned is prohibited from receiving more than incidental benefits from grants made. Penalties apply to those who received a prohibited benefit and to those who recommended the grant. By law, Humboldt Area Foundation's Board of Directors must retain final authority over all distributions. Should the Board have any questions about your recommendation you will be contacted by a member of the Foundation's staff.

Per the "Mission Aligned Financial Transactions Policy", I understand the foundation will not to make a grant that the Foundation knows or has reason to believe support or engage in hateful activities or are contrary to the foundation's mission and charitable purpose. Hateful activities are defined to mean activities that incite or engage in violence, intimidation, harassment, threats or defamation targeting an individual or group based on their actual or perceived race, color, religion, national origin, ethnicity, immigration status, gender, gender identity, sexual orientation or disability.

Signature: _____
(or see additional back-up)

Date: _____

Please return this form to the HAF Grantmaking team *(Please note that grant processing may take 1-2 weeks):*

By email:	By Fax:	By mail:	Questions? Call: 707-442-2993
grants@hafoundation.org	707-442-9072	Humboldt Area Foundation 363 Indianola Road Bayside, CA 95524	

HAF/WRCF Staff Use Only

Fund Advisor matches FIMS:		Fund ID:		Letter Template:		Grantmaking Approval:
Grant is within spending policy:		Profile #:		Confirmation to Donor?		
Purpose matches fund agreement:		Batch #:		Expenditure Control?		
Nonprofit status checked:		Grant #:		Disaster Response?		

Strategies Met:	THRIV	JUST	ECO	RE	N/A		
Purpose:	Capacity	Capital	GenOp	ProgSup	PasThru	Other	N/A
Program Area:	ANML	ARTS	COMM	COVID	ENV	HEAL	YUTH