



# 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 the following expenditures:

<b>Grantee</b> <i>(nonprofit, public school, church, government agency, Tribal government)</i>	<b>Grant Amount</b> <i>(\$)</i>	<b>Charitable Purpose</b> <i>(General support or program/project name)</i>	<b>Grantee Mailing Address</b> <i>(address, city, state, zip code)</i>	<b>Special Handling</b> <i>(If payee is different than grantee, please note this information here)</i>

*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 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 HAF+WRCF Donor Services  
 (Please note that grant processing may take 1-2 weeks)

<b>By email:</b>	<b>By mail:</b>	<b>Questions? Call:</b>
<a href="mailto:donorservices@hafoundation.org">donorservices@hafoundation.org</a>	Humboldt Area Foundation 363 Indianola Road Bayside, CA 95524	707-442-2993