

Advised Grant Form



HUMBOLDT AREA FOUNDATION

As advisor to the

I request that Humboldt Area Foundation Board of Directors consider an expenditure in the **amount** of \$

Please **grant** to:

name of 501c3 non-profit, government agency, school or church

Please make **check** payable to:

** if different from organization above, please submit receipt*

Please mail check to:

At

Address, City, State, Zip

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 pledge or other financial obligation such as reimbursement, loans or compensation. Nor does the undersigned expect any personal benefit from this charitable distribution. By law, the 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.

Signature (See attached advisor e-mail)

Date

Please return this form to Emily Baldwin at

Emilyb@hafoundation.org

363 Indianola Road, Bayside, CA 95524

Fax: (707) 442-3811 Phone: (707) 442-2993

****Please understand that the check process takes one to two weeks****

Fund Advisor matches

FIMS*:

(if emailed, address matches FIMS profile)

Grant is within spending
policy:

Grant purpose matches
fund agreement:

Non-profit status
checked:

Expenditure control (receipts required)

Fund ID

Profile #

Copy advisor on grant letter:

Grant #

Batch #

Program Officer

HAF Staff Use Only:

Letter #1 #2 WR#1 WR #2 Other

Program Area:

ANML

COMM

ARTS

ENV

HEAL

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YUTH