

Harris Charitable Fund Program

Grant Recommendations

Complete this form to recommend a grant of \$250 or more from your donor-advised fund to support a public charity. Additional forms are available at www.HarrisCharitableFund.com. You may also contact National Philanthropic Trust (NPT), the administrator and sponsor of the Harris Charitable Fund Program, toll free at (888) 344-3454.

1. Donor-Advised Fund Information

Donor-Advised Fund Name

Primary Advisor

2. Charity

Charity Name

Street Address

City

State/Zip

Contact Name

Employer ID # (if known)

Primary Telephone #

3. Amount

Distribution Amount (\$250 minimum)

4. Purpose

- Unrestricted (Default if no box is checked)
- General Operating Expenses
- Special Project
- Capital Expenditure
- Other (please specify) _____

5. Recognition

A letter accompanying your grant will be sent to your selected charity. Please indicate your preference for recognition.

- Recognize Donor-Advised Fund Name Only (Default if no box is checked)
- Recognize Donor-Advised Fund Name and Donor (please specify) _____
- Anonymous
- Other (please specify - e.g. In Honor of, In Memory of, etc.) _____

6. Timing of Grant

Issue the approved grant on a recurring basis as indicated below for the amount listed in Section 3. (Note: Recurring grants may be discontinued for insufficient funds, or if a notice to suspend is received.)

Beginning (month/day/year) _____
Ending (month/day/year) Quarterly Semi-Annually Annually

7. Acknowledgement of Terms

I understand that this is a recommendation and not a direction. I further understand that National Philanthropic Trust (NPT) reviews all grants to ensure that the organization is a qualified charity under IRS regulations, and that the purpose of the grant is charitable in nature. NPT may deny a recommendation if the grant does not meet criteria for approval. By signing below, I acknowledge that this grant is not intended to:

- Fulfill an existing pledge. (An existing pledge is one made before this grant has been approved by NPT.)
- Acquire more than an incidental benefit, good or service for any specific individual or myself.
- Pay for dues, membership fees, tuition, goods from charitable auction, or other goods or services.
- Support a political campaign or lobbying activity.
- Support an individual.
- Support a private non-operating foundation.

Primary/Joint/Secondary Advisor Signature _____
Date (month/day/year)

8. Return this completed form and other required documentation by mail or fax to:

Harris Charitable Fund Program c/o National Philanthropic Trust | 165 Township Line Road, Suite 150 | Jenkintown, PA 19046
Fax: (215) 277-3029