

Grant Recommendation

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.nptcat.org. If you need assistance, call toll free at (855) 536-1210 or send an email to npt@nptcat.org.

Fund Name		Primary Advisor	
Grant Details			
Charity Name Distribution Amount (\$250 minim		Distribution Amount (\$250 minimum)	
Street Address	City/State	Zip	
Contact Name	Primary Telephone #	Employer ID # (if known)	
Purpose			
☐ Unrestricted (Default if no box is checked ☐ Capital Expenditure ☐ Other (e.g "in m		•	
Recognition			
A letter accompanying your grant will be set	nt to your selected charity. Please	e indicate your preference for recognition.	
□ Recognize Fund Name Only (Default if no □ Recognize Fund Name and Donor (please □ Anonymous □ Other (please specify) □ Timing	e specify)		
Issue the approved grant on a recurring be may be discontinued for insufficient funds, or			
Beginning (month/day/year) ———————————————————————————————————	/ Quart nonth/day/year)	terly 🗖 Semi-Annually 🗖 Annually	
cknowledgement of Terms			
CAT) reviews all grants to ensure that the org	ganization is a qualified charity usay deny a recommendation if the	erstand that NPT Charitable Asset Trust (NPT under IRS regulations, and that the purpose o e grant does not meet criteria for approval. B	
 Fulfill an existing pledge. (An existing p Acquire more than an incidental benefi Pay for dues, membership fees, tuition, Support a political campaign or lobbyir Support an individual. Support a private non-operating foundar 	bledge is one made before this gr. it, good or service for any specific goods from charitable auction, on ng activity.	c individual or myself.	
Primary/Joint/Secondary Advisor Signature		Date (month/day/year)	

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

NPT Charitable Asset Trust | 165 Township Line Road, Suite 150 | Jenkintown, PA 19046 | Fax: (215) 277-3029