

## Grant Recommendation

Use this form to recommend a charity to receive a grant. Or, visit [www.impactassets.org](http://www.impactassets.org) to make your Grant Recommendation online. Please review the Program Circular for complete grantmaking guidelines.

**Send completed form:**

By Email: [Operations@impactassets.org](mailto:Operations@impactassets.org)  
 By Fax: 301.263.7998  
 By Mail: ImpactAssets  
 c/o Calvert Foundation  
 7315 Wisconsin Avenue, Suite 1000W  
 Bethesda, MD 20814  
 Telephone: 855.482.2946

## Account Information

\_\_\_\_\_  
**Giving Fund Account Name**

\_\_\_\_\_  
**Giving Fund Account ID**

## Recommend A Charity

Nominate a specific tax-exempt charitable organization.

\_\_\_\_\_  
**Organization**

\_\_\_\_\_  
**Federal Tax ID**

\_\_\_\_\_  
**Mailing Address**

\_\_\_\_\_  
**Contact**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Post Code**

\_\_\_\_\_  
**Telephone**

Have you recommended a grant to this organization via the Giving Fund before?  Yes  No

Recommend a grant to ImpactAssets' permanent fund, which will be used to create jobs, preserve the environment, promote sustainable development, improve healthcare, build homes, and change lives worldwide.

## Acknowledgements Instructions

- Please recognize the individual(s) named on the account.
- Please issue this grant anonymously.
- Please recognize the following individual(s):

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Mailing Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Post Code**

### Grant Amount

\$ \_\_\_\_\_

**Grant Amount (minimum of \$250)**

Pool Selection: Grants will be drawn from the investment Pools in proportion to the account’s current investment allocation. If you would prefer to suggest specific investment pool(s) to draw funds from, please indicate the pool(s) and amount(s) here: (List additional as necessary)

Pool Name	Amount
_____	\$ _____
_____	\$ _____
_____	_____
_____	_____

### Grant Timing

Unless specifically requested, your Grant Recommendation will be made as soon as possible.

- Please issue this Grant Recommendation as soon as possible.
- Please issue this Grant Recommendation on a specific future date:       /      /        
Date (mm/dd/yyyy)
- Please issue this Grant Recommendation on a recurring basis:

_____	Starting: / /	Ending: / /
Time Interval (e.g. monthly)	Date (mm/dd/yyyy)	Date (mm/dd/yyyy)

### Grant Purpose (Optional)

**I recommend this grant be used for:**  
 \_\_\_\_\_  
 \_\_\_\_\_

### Signature

I acknowledge that I have read the Program Circular. I hereby certify that neither I nor any other individual associated with me will receive any goods, services, or benefit from the recommended charitable organization from this grant if distributed, and that the grant does not fulfill a pre-existing pledge to the recommended organization.

_____	_____	_____ / _____ / _____
Signature	Name (Please Print)	Date