

Grant Recommendation Form

If you prefer to complete your grant recommendation online, visit **FidelityCharitable.org**. For grant recommendation guidelines, refer to the *Fidelity Charitable® Program Guidelines*. Fidelity Charitable® will not forward any enclosures with grants. Please type or print clearly in CAPITAL letters and black ink. If you need more room for information or signatures, make a copy of the relevant page.

1. Giving Account® Name and Number

Giving Account® Name	Giving Account Number

2. Recommended Recipient Charity

Before making your recommendation, please review the certifications in Section 7.

Have you previously recommended a grant to this organization from Fidelity Charitable?

Check one. Yes No

If you are unsure of the organization's official name and/or mailing address, visit FidelityCharitable.org/guidance/research-charities.

*Fidelity Charitable
may contact the
recipient charity.*

Organization's Official Name		Federal Tax ID Number	
Contact Name			Phone
Address			
City	State/Province	ZIP/Postal Code	Country

Recommended Purpose

Is there a recommended purpose for this gift? If yes, describe (e.g., annual fund, in memory of, to honor). If the purpose of your grant is to honor a loved one and you wish to notify the honoree or their family, include the name and address of the person to be notified.

Details

If the recommended purpose of the grant is to support an event, I certify that this grant will not be used to pay for any portion (neither the tax-deductible nor non-tax-deductible portion) of the ticket or admission fees, and that no one is attending an event as a result of this grant. I understand that this information will be provided to the charity. Yes

If the recommended purpose of the grant is for membership, I certify that this grant will be used to pay the full cost of a membership that the charity considers to be 100% tax-deductible because any benefits associated with the membership are not more than incidental or because I have informed the charity that I have waived all benefits associated with this membership. I understand that this information will be provided to the charity. Yes

If the recommended purpose of this grant is for a pledge or commitment to the charity, I certify that the charity has confirmed it is not legally enforceable as against me, any individuals with Giving Account® privileges, or their relatives. I understand that this information will be provided to the charity. Yes

3. Grant Amount *Minimum of \$50*

Grant Amount	Please also write out the amount of the grant.
\$.	

Form continues on next page. ►►





4. Indicate Where the Grant Should Come From

Check one box only from Investment Pool Balances or Other Giving Account Balance.

Investment Pool Balances

Recommend the pool(s) from which this grant should be drawn (in whole dollars). If no pool is recommended, funds will be disbursed from the Money Market Pool first, then proportionately from remaining pools.

- Disburse funds proportionately based on current allocation.
- Disburse funds evenly among current allocation (example: 33%, 33%, 34%).

Other

Write in request

Other Giving Account Balance

If you are participating in the Charitable Investment Advisor Program ("CIAP") or the Charitable DonorFlex ProgramSM ("DonorFlex"), you may recommend to have this grant disbursed from the associated balance within your Giving Account.

- Disburse funds from CIAP balance, subject to available funds.
- Disburse funds from DonorFlex balance, subject to available funds.

5. Acknowledgement

Grants to charities are accompanied by a letter that includes the name(s) of the individual(s) recommending the grant so the charity may thank them. Please check only ONE box to indicate who should be acknowledged for the grant.

- Check one. The individual(s) named on the Giving Account The name of the Giving Account only Anonymous
- The following individual(s) in lieu of those named on the Giving Account:

Name(s)			
Address			
City	State/Province	ZIP/Postal Code	Country

6. Timing of Grant

- Check one. As soon as possible Issue this grant on a specific date

Date MM DD YYYY

- Issue this grant on a scheduled/recurring basis. *The grant amount in Section 3 will be sent for each scheduled occurrence.*

Frequency: Monthly, Quarterly, Semiannually, or Annually.

Frequency	Start Date MM DD YYYY	End Date MM DD YYYY
<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A		

Your grant recommendation is nonbinding and is subject to review and approval by Fidelity Charitable. If approved, the grant will generally be made within 10 business days; however, this process may take longer. Confirmation that the grant was approved and sent will be mailed or emailed to the Primary Account Holder once the grant has been issued.

Form continues on next page. ►►





7. Signature

By signing below, you:

- Certify that neither you nor anyone else will receive any impermissible benefit (e.g., tuition, membership fees with more than incidental benefits, dues, admission to a charitable or other event, goods bought at auction) from the recommended charitable organization from this grant, if distributed. Examples of permissible benefits include benefits that are not more than incidental, such as free or discounted admission, free or discounted parking, token logo-bearing key chains, caps, T-shirts, and calendars.
- Certify that the charity has confirmed that this grant is not legally enforceable as against me, any individuals with Giving Account® privileges, or their relatives.
- Acknowledge that this grant does not entitle you or any other person to an income tax charitable deduction, because the donor was eligible to take a deduction at the time of the contribution(s) to Fidelity Charitable. Any tax receipt that may be received from the recommended charity will be disregarded.
- Certify that if the grant you are recommending is for a supporting organization, neither you nor any other Account Holders on the Giving Account, nor any parties related to you or to any other Account Holders on the Giving Account, directly or indirectly control any supported organization of the recommended grant recipient. Supporting organizations are 501(c)(3) public charities that typically carry out one or more functions of their supported public charity (e.g., an alumni association that fundraises for a university, or a parent-teacher association that performs certain functions at a school).
- Acknowledge that you have read the Grant Guidelines in the current *Fidelity Charitable® Program Guidelines*.

ACCOUNT HOLDER NAME		PHONE NUMBER	
ACCOUNT HOLDER SIGNATURE		DATE MM DD YYYY	
SIGN ▶		▶	

<p>Sign the form and send or fax to Fidelity Charitable. Questions? Go to FidelityCharitable.org or call 800-952-4438. Fax the form to 877-665-4274.</p>	<p>Regular mail Fidelity Charitable PO Box 770001 Cincinnati, OH 45277-0053</p>	<p>Overnight mail Fidelity Charitable 100 Crosby Parkway Mail zone KC1D-FCS Covington, KY 41015-9325</p>
--	---	---

Fidelity Charitable is the brand name for the Fidelity Investments® Charitable Gift Fund, an independent public charity with a donor-advised fund program. Various Fidelity companies provide services to Fidelity Charitable. Fidelity Charitable and Fidelity are registered service marks, and the Fidelity Charitable logo is a service mark, of FMR LLC, used by Fidelity Charitable under license. Giving Account is a registered service mark, and the Charitable DonorFlex Program is a service mark, of the Trustees of Fidelity Charitable. 490324.13.0

