

# **Town of Belmont, Massachusetts**

## **Grant Intention – Donor Advised Fund**

1. In recognition and support of the role that the Belmont Public Library plays in the community of Belmont, Massachusetts, I/we, \_\_\_\_\_ **[DONOR NAME]**, hereby state my/our intention to recommend that grants be made from a donor-advised fund, in the sum of \_\_\_\_\_ **[TOTAL AMOUNT\*]**. I/we intend to recommend grants within two years of satisfaction of the condition noted below (the “Condition”), with installments intended to be recommended as follows:

\_\_\_\_\_ **[\$amount]** no later than 30 days after satisfaction of the Condition

\_\_\_\_\_ **[\$amount]** no later than 12 months after the date of the first installment

2. My/Our recommended grant is expected to be placed in the Library Capital Building Fund of the Town of Belmont and is intended to be used for the construction of a new Belmont Public Library.
3. This statement of intention does not represent, nor is it intended to create, a legally binding pledge for me/us, my/our estate, or the sponsoring organization of any donor-advised fund to make a grant or any payment to the TOWN OF BELMONT.
4. My/our recommendation of this intended grant is contingent on the passage by June 30, 2023 of a Commonwealth of Massachusetts Proposition 2 ½ Debt Exclusion by the voters of Belmont, Massachusetts, and the authorization and appropriation of funds consistent with such Debt Exclusion by the Belmont Town Meeting (“Condition”), for the purpose of constructing a new Belmont Public Library. Should this condition not be satisfied by the date specified, I/we may choose to decline to submit a grant recommendation or make a gift in support of this statement of intent.
5. Unless I/we have indicated otherwise on the line below, I/we prefer the name format used at the top of this agreement to recognize my/our grant in any listing of donors, including but not limited to in print, online, in press materials, on a recognition installation at the library, etc. No tangible benefit, goods or services will be provided to me/us in connection to the grant.

\* This form is suggested for grant recommendations of \$1,000 or more

*(Please print instructions)*

6.  I/We would prefer my/our recommended grant to be anonymous

I/We agree that my/our recommended grant may be recognized as provided below:

given by \_\_\_\_\_ **[DONOR NAME]**.

OR

given by \_\_\_\_\_ **[DONOR NAME]**, in honor of  
\_\_\_\_\_ **[NAME]**

OR

given by \_\_\_\_\_ **[DONOR NAME]** in memory of  
\_\_\_\_\_ **[NAME]**.

AGREED:

\_\_\_\_\_  
**[Donor Name]** Date

\_\_\_\_\_  
**[Donor Name]** Date

\_\_\_\_\_  
**[Donor Phone Number]** **[Donor Email]**

\_\_\_\_\_  
**[Donor Mailing Address]**

ACKNOWLEDGED BY TOWN OF BELMONT:

\_\_\_\_\_  
Name of official representative Date  
*[Title, Board of Library Trustees]*

***Once signed, please mail form to:***

Belmont Public Library Attn: Library Trustees  
336 Concord Avenue Belmont, MA 02478