



# Grant Recommendation Form

Fund Name: \_\_\_\_\_

I recommend the following grants to the St. Croix Valley Foundation (SCVF) Board of Directors and understand that final judgment rests with the Board, whose charge it is to see that all grants fulfill a charitable purpose.

I also understand that the assets of this fund are the property of SCVF and thus subject to SCVF's exclusive legal control. I certify that this recommendation does not represent payment of a pledge or other personal financial obligation on behalf of the fund representative(s), family members, or businesses they control, and that no tangible benefit, goods, or services (including dinners, memberships, tickets, etc.) were or will be received by any individual or entities connected with the Fund.

By initialing here, I certify that I have read, understand, and agree to the terms above.

***Grants will not be processed without this certification.***

<b>Signature of Fund Contact</b>	<b>Name of Fund Contact (please print)</b>	<b>Date</b>
<b>Telephone</b>	<b>Email</b>	

*(Should the Foundation have any questions about your request, you will be contacted.)*

<b>Recipient Organization</b>		
<b>Address</b>		<b>City, State, Zip</b>
<b>Contact Person, Title</b>		<b>Telephone</b>
<b>Email</b>		<b>Website</b>
<b>Grant Purpose (MUST be filled out—i.e. general operating or for a specific project)</b>		
<b>Grant Amount: \$</b>	<b>(\$100 minimum per organization)</b>	<input type="checkbox"/> This grant is ANONYMOUS

***Other Special Instructions:***

<i>Office Use Only</i>		
<input type="checkbox"/> 501c3 status verified	EIN #:	Grant #:
Fund ID:	Board of Directors Action Date:	<input type="checkbox"/> interfund transfer complete

**Please mail, fax or scan & email your *signed* recommendation form to the following:**

St. Croix Valley Foundation  
 Attn: Grants Administrator  
 516 Second St., Suite 214  
 Hudson, WI 54016

(715) 386-9490 (phone)  
 (715) 386-1250 (fax)  
 info@scvfoundation.org  
 www.scvfoundation.org