Grants of \$20,000 or less that meet SCVF's due diligence requirements are processed twice monthly. Grants greater than \$20,000 require SCVF Board approval in odds months of the year. You will be contacted if SCVF has any questions on your recommendation.



516 Second St., Suite 214, Hudson, WI 54016 ST. CROIX VALLEY FOUNDATION (T) 715.386.9490 (F) 715.386.1250 grants@scvfoundation.org www.scvfoundation.org

GRANT RECOMMENDATION FORM

OFFICIAL FUND NAME:			
GRANTEE ORGANIZATION INFORMATION (This is the recipient organization.)			
Grantee Organization Name:			
Address:		Email/website:	
City, State, Zip:		Phone:	
DETAILS ON GRANT RECOMMEND	PATION		
Amount (\$100 minimum): \$			
Charitable Purpose /Special Instructions (if other than General Operating Support):			
RECOGNITION AND ANONYMITY (Organizational fund holders, please skip to next section)			
Letters to grantees include fund and donor names, unless you instruct us otherwise with a checkbox below.			
This grant is Anonymous (NO fund name and NO donor name) List Fund Name Only (No Donor Name)			
REGULATORY CONFIRMATION			
In signing this form, I understand that this recommendation, in accordance with IRS regulations covering charitable			
contributions, will not be used for the following purposes:			
◆ To fulfill a pledge or commitment made to a nonprofit or educational institution			
 ◆ To benefit a specific individual ◆ To support a political campaign or lobbying 			
To pay for a membership, dinner, raffle tickets or other benefits related for the donor or a related party			
To provide financial or business benefits to the donor or a related party			
This recommendation falls directly winot a directive to the St. Croix Valley F		d fund. I/We underst	and this is a recommendation only,
Authorized fund advisor signature:Date:			te:
Printed name of fund advisor:			
Telephone: email:			
FUND ID:	Board approval / ratify date:		Grant #:
(Interfunds only) from FUND ID:			Interfund transfer complete