



New Richmond Area
Community Foundation

leadership. philanthropy. collaboration. resource management.

Please mail, scan or fax your form using the contact information below. Grants under \$20,000 that meet SCVF's due diligence requirements are processed twice monthly.

An affiliate of

St. Croix Valley Foundation
516 Second St., Suite 214,
Hudson, WI 54016

(T) 715.386.9490 (F) 715.386.1250 www.scvfoundation.org
grants@scvfoundation.org

GRANT RECOMMENDATION FORM

OFFICIAL FUND NAME:

GRANTEE ORGANIZATION INFORMATION (This is the recipient organization.)

Grantee Organization Name:	Contact Name:
Address:	Email/website:
City, State, Zip:	Phone:

DETAILS ON GRANT RECOMMENDATION

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.

Do not include fund name Do not include donor name Anonymous (NO fund name and 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 within the terms of the above named fund. I/We understand this is a recommendation only, not a directive to the St. Croix Valley Foundation.

Authorized fund advisor signature: _____ Date: _____

Printed name of fund advisor: _____

Telephone: _____ email: _____

For office use only

Tax Status:	EIN:	Grant #:
FUND ID:	Board approval / ratify date:	Check mailing date:
SCVF President's approval signature:		Date approved:
(Interfunds only) from FUND ID: _____ to Fund ID: _____		___ Interfund transfer complete