

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. *You will be contacted if SCVF has any questions on your recommendation.*



ST. CROIX VALLEY FOUNDATION

516 Second St., Suite 214, Hudson, WI 54016
(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:

City, State, Zip:

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.

This grant is Anonymous (no Fund or Donor Name)

Do Not include Donor Name (but include Fund 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

FUND ID:

Board approval / ratify date:

Check mailing date:

(Interfunds only) from FUND : _____ to Fund : _____

Grant ID#: