

1830 Hanley Rd Ste 200 Hudson, WI 54016 715.386.9490 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.  List this grant as Anonymous (NO fund name and NO donor name)  List our 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:	
<ul> <li>◆ To fulfill a pledge or commitment made to a nonprofit or educational institution</li> <li>◆ To benefit a specific individual</li> <li>◆ To support a political campaign or lobbying</li> </ul>	
<ul> <li>To pay for a membership, dinner, raffle tickets or other benefits related for the donor or a related party</li> <li>To provide financial or business benefits to the donor or a related party</li> </ul>	
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:	

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 on the odd months of the year. *You will be contacted if SCVF has any questions on your recommendation*. Please submit this recommendation via mail or email to the address above.