

Our Mission:
*“Connecting people
 who care with needs
 that matter to our
 community.”*



Our Vision:
*Serving as a community
 leader and improving the
 quality of life by
 assessing, supporting,
 and coordinating
 philanthropic giving and
 endowment building.*

FY2017 Grant Recommendation Form

Send to: Jennifer Danic President/CEO
 Steuben County Community Foundation, Inc.
 1701 N Wayne St
 Angola, IN 46703

Or fax to: 260-665-8420 **Phone:** 260-665-6656

Fund Name:

As the advisor to the Steuben County Community Foundation, Inc., for the above-listed Fund, I recommend making from the above-named fund the grant or grants listed below.

I acknowledge and represent as follows:

- A. That the grant recommendation or recommendations must receive approval by the Steuben County Community Foundation, Inc. Board of Directors.
- B. That in accordance with IRS regulations, this recommendation does not represent the payment of any personal pledge or other financial obligations of the undersigned.
- C. That neither any member of my family nor I will receive any goods or services or non-tax deductible benefits in exchange for payment of this grant.

Signature: _____ **Date:** _____ **Phone:** _____

The grantee organization may wish to communicate with you the advisor. Direction from you will help the Foundation respond to these requests. Please check the appropriate box.

- My name and mailing address may be released.
- I prefer my recommendation be anonymous with no mention of my name or fund name.
- I prefer the grantee direct correspondence through the Community Foundation; please do not release my mailing address to the grantee organization.

Amount Recommended	Full Name and Address of Grantee Organization/Contact Person	Purpose (if other than for general support)

Steuben County Community Foundation, Inc. Use Only

President’s Signature: _____ Date: _____