

**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.*

## 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: \_\_\_\_\_