**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.

1. That in accordance with IRS regulations, this recommendation does not represent the payment of any personal pledge or other financial obligations of the undersigned.
2. 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 Full Name and Address of Grantee Purpose**

 **Recommended Organization/Contact Person (if other than for general support)**

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**Steuben County Community Foundation, Inc. Use Only**

President’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_