



Grant Recommendation Form

Send to: Director of Finance
 Kosciusko County Community Foundation, Inc.
 102 E. Market St.
 Warsaw, IN 46580

Or Fax to: 574-268-9780 **Phone:** 574-267-1901

I would like to receive follow up reporting on this grant.

Fund Name: _____

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

The grantee organization may wish to communicate with you the advisor. Direction from you will help the Foundation respond to these requests. **Please check all boxes that apply:**

- I / We prefer this grant be made with no mention of my name.
- I / We prefer this grant be made with no mention of my fund name.
- My / Our name and mailing address may be released to the grantee.
- I / We prefer the grantee direct correspondence through the Community Foundation; do not release my mailing address to the grantee organization.
- I / We would like the Foundation to prepare a news release regarding this grant.

I acknowledge and represent as follows:

- A. That the grant recommendation or recommendations must be for charitable purposes and must receive approval by the Kosciusko County Community Foundation, Inc. Board of Directors.
- B. That in accordance with IRS regulations, this recommendation does not represent the payment of:
 - a. A personal pledge or other financial obligations,
 - b. A grant, loan, compensation or similar payment including expense reimbursement,
 - c. A grant to an individual,
- C. That no member of my family (related party) nor I will receive any goods, services or non-tax deductible benefits in exchange for payment of this grant.

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

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

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

Kosciusko County Community Foundation, Inc. Use Only GuideStar verification _____

Executive Director Signature: _____ Date: _____

Board Officer Signature: _____ Date: _____