



## 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 address to 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 grant, loan, compensation or similar payment including expense reimbursement,
  - b. 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: _____
Signature: _____	Date: _____	Phone: _____
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: \_\_\_\_\_