



Member of the Community Foundation Alliance Inc.

## Grant Recommendation Form for Donor Advised Fund

Please use this form for your grant recommendations to help us process them more quickly. After completing all sections for each recommendation, **please sign in the appropriate space on the reverse side** and mail to the address above or email of [laura@spencercommunityfoundation.org](mailto:laura@spencercommunityfoundation.org) A notification letter and check will be sent to the recipients following approval of your recommendation/s. After grant distributions are made, you will receive a confirmation for your records. **This form may be duplicated, or can be found on our website.** all

Name of Fund \_\_\_\_\_

Name of Fund Advisor/s \_\_\_\_\_

As advisor(s) to the above fund, I/we offer the following grant recommendation(s) for consideration by the Community Foundation Alliance Board of Directors:

### Recommendation 1

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name and Title: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Amount (minimum \$100): \_\_\_\_\_

Charitable Purpose (unless general support): \_\_\_\_\_

I/we wish the fund name to remain anonymous to the grant recipient     Mail check to grantee     Return check to advisor for personal presentation

<i>For Alliance Use Only</i>				Notes:
Amount Available		Other		
Region Served		Meets Guidelines		
FEIN		If no, reason		
IRS Letter		If yes, approval date		
Financial Statement		Distribution		
Alliance Investigator:				

### Recommendation 2

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name and Title: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Amount (minimum \$100): \_\_\_\_\_

Charitable Purpose (unless general support): \_\_\_\_\_

I/we wish the fund name to remain anonymous to the grant recipient     Mail check to grantee     Return check to advisor for personal presentation

<i>For Alliance Use Only</i>				Notes:
Amount Available		Other		
Region Served		Meets Guidelines		
FEIN		If no, reason		
IRS Letter		If yes, approval date		
Financial Statement		Distribution		
Alliance Investigator:				

## SUPPORT FOR YOUR COMMUNITY FOUNDATION

The Alliance invites you to consider making a grant recommendation to support the ongoing mission of your Community Foundation. To help in this important way, please indicate your intention below.

Purpose of Grant (check one or more boxes):

- I/we recommend a grant of \$\_\_\_\_\_ to the ***Friends of the Foundation Fund*** to help build the Foundation's discretionary endowment. Proceeds from this endowment enable the Foundation's trustees to award grants to a variety of nonprofit agencies each year, depending on where the needs are greatest.
- I/we recommend a grant of \$\_\_\_\_\_ to be added to funding that will be awarded during the Foundation's current ***Competitive Grants Program***. As part of the competitive grants program, the Foundation invites local nonprofit agencies to submit proposals for funding, ranks these proposals according to need, and awards grants to support charitable endeavors that will have the greatest impact in our community.
- I/we recommend a grant of \$\_\_\_\_\_ to help support the Foundation's operations.

*If you would like more information about any of these options, please call Laura at 812-649-5724.*

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### CERTIFICATION OF ADVISORS

I/we understand that final judgment rests with the Board of Directors of the Community Foundation Alliance to ensure that all distributions meet the regulations of the Internal Revenue Code and are compatible with the policies and purposes of the Alliance and its members. I attest that any grants, if awarded, will not satisfy any contractual obligations or pledges incurred by me/us and that I/we will receive no benefits or other services as a result of the grant.

Signature of Advisor \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Advisor \_\_\_\_\_ Date \_\_\_\_\_

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### CERTIFICATION OF CIVIC GROUP ADVISORS

**(This section to be completed only for grant recommendations made by civic/employee groups.)**

***Forms submitted to recommend grants from advised funds established by civic groups or clubs require the signature of the civic group or club leader to ensure group collaboration in recommending grants and to prevent individual members from acting outside the wishes of the group as a whole.***

I understand that final judgment rests with the Board of Directors of the Community Foundation Alliance to ensure that all distributions meet the regulations of the Internal Revenue Code and are compatible with the policies and purposes of the Alliance and its members. I attest that this grant recommendation represents the consensus of my civic group/club. I attest that any grants, if awarded, will not satisfy any contractual obligations or pledges incurred by me or my civic group and that my civic group will receive no benefits or other services as a result of the grant.

Signature of Civic Group/Club Leader \_\_\_\_\_  
Printed Name of Civic Group/Club Leader \_\_\_\_\_  
Name and Address of Civic Group/Club \_\_\_\_\_  
Title of Civic Group/Club Leader \_\_\_\_\_  
Daytime Telephone Number of Civic Group/Club Leader \_\_\_\_\_

***Thank you for helping your community through your Community Foundation!***