Grant Recommendation Form



Fund Name:					
judgment rests with assets of this fund a recommendation do representative(s), fa	the Board, whose chargere the property of SCVF es not represent payment mily members, or busin	Croix Valley Foundation (SCVF) Board of ge it is to see that all grants fulfill a charitable and thus subject to SCVF's exclusive legal nt of a pledge or other personal financial oblaces they control, and that no tangible benefit will be received by any individual or entities.	le purpose. I also understand that the local control. I certify that this igation on behalf of the fund lefit, goods, or services (including		
		ertify that I have read, understand, and a processed without this certification.	gree to the terms above.		
Signature of Fund	Contact	Name of Fund Contact (please pr	rint) Date		
Telephone (Should the Foundation	on have any questions abo	Email out your request, you will be contacted.)			
Recipient Organiz	ation				
Address		City, State, Zip			
Contact Person, Title		Telephone	Telephone		
Email		Website			
Grant Purpose (M	UST be filled out—i.e. g	general operating or for a specific project)			
Grant Amount:		(\$100 minimum per organization)	☐ This grant is ANONYMOUS		
Other Special Inst	ructions:				
Please mail, scan,	fax or email your sig	gned recommendation form by noon on t	he <u>first Friday</u> of the month to:		
St. Croix Valley Foundation		715-386-9490			
Attn: Grants Administrator		715-386-1250 (fax)	· · ·		
516 Second Street, Suite 214		grants@scvfoundation.org			

Please allow 10 business days after Board Approval to process your grants.

Hudson, WI 54016

Office Use Only					
☐ 501c3 status verified	EIN #:		Grant #:		
Fund ID:	Board of Directors Action Date:		Check Mailing Date:		
(Interfunds Only) From Fund ID:	(lt or st) to Fund ID:	(lt or st)	☐ Interfund Transfer Complete		

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