Where Local Good Grows
Hendricks County Community Foundation

GRANT RECOMMENDATION FORM

Fund Name: _____

1. GRANT REQUEST

Please note that grant recommendations can also be made to existing HCCF funds such as the Operating Fund, Operating Endowment Fund and Deedee Daniel Opportunity Fund.

Grant Amount: _____

Payee: _____

Contact Name: _____

Address: _____

_____

Phone: _____

PLEASE RETURN FORM TO:

FAX: 317.268.6164

EMAIL: eric@hendrickscountycf.org

6319 East U.S. Highway 36,
Suite 211, Avon IN 46123

NOTE: All checks will be mailed directly to the above Organization unless otherwise indicated as follows:

Mail check to: ☐ Payee Other: _____
Name; Address, City, State, Zip

HOLD check for: ☐ Pick-up ☐ Delivery Comment: _____

Grant Purpose: _____

☐ **Make Grant Anonymously**

2. FUND REPRESENTATIVE SIGNATURE AND REPRESENTATIONS

As Fund Representative for the above mentioned fund, I recommend the grant(s) listed above and further acknowledge and represent the following:

- ✓ The grant recommendation(s) must receive approval by the Hendricks County Community Foundation Board of Directors.
- ✓ The grant(s) fulfill(s) the purpose of the above mentioned fund, as stated in the Fund Agreement.
- ✓ In accordance with IRS regulations for donor advised funds, this recommendation will not be used to fulfill pledges and/or secure benefits to, at a minimum, donors, advisors, and related parties; provide donors, advisors, and related parties with grants, loans, compensation or similar payments including expense reimbursements; or award grants to individuals.

Signature: _____ Date: _____

HCCF OFFICE USE ONLY

Grantee: _____ Payee: _____

Fund balance ☐
Program Area _____ ☐ CC:
Project Code _____ Acct Received: _____
Request Type _____ ☐ EFT Manual Check # _____

☐ Standard Letter (DA01)
☐ Receipt Letter (DA02)
☐ W9 Letter (DA03)
☐ Report Letter (DA04)
☐ DAF Letter (DA08)
☐ Special Letter, as per Prog Officer

Grant #: _____ Condition: _____
Date: _____
PO Inititals: _____ Condition reminder date: _____