



Return your completed form to Waukesha County Community Foundation, 2727 N. Grandview Blvd., Suite 301, Waukesha, WI 53188 or email to [rbennett@waukeshafoundation.org](mailto:rbennett@waukeshafoundation.org)

FUND NAME: \_\_\_\_\_

I/We recommend the following Grants:

GRANT RECOMMENDATION #1

Organization Name \_\_\_\_\_

Amount Recommended \_\_\_\_\_

Contact Person/Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

GRANT PURPOSE

Unrestricted

Project \_\_\_\_\_

Memorial or  In Honor Of  
Name Of Individual \_\_\_\_\_

Where should we send a letter notifying the honoree/family of your grant?  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Special Instructions \_\_\_\_\_

GRANT RECOMMENDATION #2

Organization Name \_\_\_\_\_

Amount Recommended \_\_\_\_\_

Contact Person/Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

GRANT PURPOSE

Unrestricted

Project \_\_\_\_\_

Memorial or  In Honor Of  
Name Of Individual \_\_\_\_\_

Where should we send a letter notifying the honoree/family of your grant?  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Special Instructions \_\_\_\_\_

*Terms and Conditions (please read before signing): By signing this recommendation, I Acknowledge that (i) no tangible benefits or privileges offered in connection with this grant will be accepted nor passed on to any donors, advisors, or related parties to this fund (tangible benefits include, but are not limited to tickets to a dinner or performance, admission to a facility or event, membership privileges, or any material items) and (ii) that no pledges or other financial obligations will be satisfied through this grant. (iii) I understand that I cannot recommend a grant from a donor advised fund to support an individual.*

Fund Advisor Name (print) \_\_\_\_\_ Fund Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Foundation Grants Due Diligence - FOR OFFICE USE ONLY

Grantee ID# \_\_\_\_\_ Fund ID# \_\_\_\_\_

Multi-Year Payment: Yes  No  Mailing Address Verification  Verification of grant purpose with stated fund purpose: Yes  No

Tax Exempt Status: Guide Star  Pub 78  501(c)(3) Letter  Church  School  Government Org.  Expenditure Responsibility

EIN# \_\_\_\_\_ Program Area \_\_\_\_\_ Special Instructions \_\_\_\_\_

Grant Authorization: Management Approval  Donor Approval  Board Approval

Processed and Approved By \_\_\_\_\_ Date \_\_\_\_\_ Expendable  Endowed  Available Balance Approved By \_\_\_\_\_