



WAUKESHA COUNTY
Community
FOUNDATION

Return your completed form to Waukesha County Community Foundation, 2727 N. Grandview Blvd., Suite 301, Waukesha, WI 53188 or email to bhavas@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 _____