

DONOR ADVISED FUND

Grant Recommendation Form



MADISON COUNTY
COMMUNITY FOUNDATION

Name of fund: _____

Date: _____

I recommend the following grant(s) to the Board of Directors. I understand that this is a recommendation and not a direction, and that the Madison County Community Foundation may deny this grant request if it does not meet the policies of the Foundation and the requirements of the Pension Protection Act of 2006. Recommendations will be reviewed by the Board of Directors bi-monthly unless otherwise noted by special request.

Grant Recommendation(s) below; Total amount requested: \$ _____

DONOR ADVISOR:

I certify that the grant(s) here meet the requirements, specifically that the grant(s) will NOT:

- *Pay for dues, membership fees, tuition, goods from charitable auctions, or other goods or services (including dinners, tickets, etc.) that provide more than an incidental benefit to me or any other individual;*
- *Support a political campaign or lobbying activity;*
- *Support a private, non-operating foundation.*

I acknowledge: The grant recommendation(s) must be for charitable purposes and must receive approval by the Madison County Community Foundation.

Organization name: _____

Executive Director/Contact name: _____

Address: _____

Grant Amount: \$ _____ Anonymous? Yes No

Purpose (optional): _____

Organization name: _____

Executive Director/Contact name: _____

Address: _____

Grant Amount: \$ _____ Anonymous? Yes No

Purpose (optional): _____

Organization name: _____

Executive Director/Contact name: _____

Address: _____

Grant Amount: \$ _____ Anonymous? Yes No

Purpose (optional): _____

Submit completed form to:
MCCF, 911 Meridian St.
Anderson, IN 46016
bdavis@madisonccf.org

Authorized fund representative name

Signature