



**Community Foundation**  
of Southern Indiana  
*Partner. Resource. Steward.*  
**Grant Recommendation Form**

Mail to: Crystal Gunther, Director of Community Philanthropy  
Community Foundation of Southern Indiana, Inc.  
4108 Charlestown Road, New Albany, IN 47150

OR  
Fax to: 812-948-4678      Phone: 812-948-4662      email: cgunther@cfsouthernindiana.com

Fund Name: \_\_\_\_\_

As the Advisor to the Community Foundation of Southern Indiana, Inc. for the above-listed Fund, I recommend making from the above-named fund the grant or grants listed below.

I certify that the donors, advisors, or other parties related to me or to this fund will not receive any substantial benefit in connection with this recommended grant. I understand and acknowledge that I cannot claim a charitable deduction for a grant made from this donor advised fund, even if the grantee sends me a tax receipt.

I understand and acknowledge that a grant must directly and fully support a charitable program, and therefore, I acknowledge that this grant:

- a. Must receive approval by the Community Foundation of Southern Indiana, Inc. Board of Directors.
- b. Does not fulfill any legally enforceable financial obligations of me, advisors to the fund, or other parties related to me or to this fund.
- c. Does not permit me, my family or any related parties to me or to this fund to acquire a benefit, receive any goods or services or non-tax deductible benefits for myself or any specific individual in exchange for this payment.
- d. Will not support political campaigns or lobbying activities.
- e. Will not pay for dues, tangible membership benefits, goods from charitable auctions, or other goods or services.
- f. Will not pay for attendance at galas, sporting events, or benefit events.
- g. Will not be used for any specific individual (including grants to an entity for the benefit of a specific individual) or for loans to donors, advisors or other parties related to me or to this fund.

*\*Minimum grant recommendation amount is \$250*

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

The grantee organization may wish to communicate with you as the advisor to the Fund. Direction from you will help the Foundation respond to these requests. Please check the appropriate box.

- My name and mailing address may be released – show name as follows: \_\_\_\_\_.
- My fund name may be released.
- I prefer my recommendation be anonymous with no mention of my name or fund name.
- I prefer the grantee direct correspondence through the Community Foundation; do not release my mailing address to the grantee organization.

Amount Recommended	Full Name and Address of Grantee Organization/Contact Person	Purpose (if other than for general support)

Community Foundation of Southern Indiana, Inc. Use Only

Program Officer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Board Approval/Ratification on \_\_\_\_\_ (Date)

