OFFICIAL FUND NAME:

<table>
<thead>
<tr>
<th>GRANTEE ORGANIZATION INFORMATION  (This is the recipient organization.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grantee Organization Name:</td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>City, State, Zip:</td>
</tr>
</tbody>
</table>

DETAILS ON GRANT RECOMMENDATION

Amount ($100 minimum): $_____________________
Charitable Purpose /Special Instructions (if other than General Operating Support):
______________________________________________________________________________________________________

RECOGNITION AND ANONYMITY  (Organizational fund holders, please skip to next section)

Letters to grantees include fund and donor names, unless you instruct us otherwise with a checkbox below.

☐ Do not include fund name  ☐ Do not include donor name  ☐ Anonymous (NO fund name and NO donor name)

REGULATORY CONFIRMATION

In signing this form, I understand that this recommendation, in accordance with IRS regulations covering charitable contributions, will not be used for the following purposes:

♦ To fulfill a pledge or commitment made to a nonprofit or educational institution
♦ To benefit a specific individual
♦ To support a political campaign or lobbying
♦ To pay for a membership, dinner, raffle tickets or other benefits related for the donor or a related party
♦ To provide financial or business benefits to the donor or a related party

This recommendation falls directly within the terms of the above named fund. I/We understand this is a recommendation only, not a directive to the St. Croix Valley Foundation.

Authorized fund advisor signature:_____________________________________________Date:__________________________
Printed name of fund advisor:________________________________________________________________________________
Telephone:________________________  email:__________________________________________________

For office use only

Tax Status:  EIN:  Grant #:
FUND ID:  Board approval date:  Check mailing date:
SCVF President’s approval signature: Date approved:
(Interfunds only)  from FUND ID:_____________ to Fund ID:________________ ___Interfund transfer complete