



Union County Foundation
Invest Today. Shape Tomorrow.

**COMMUNITY FOUNDATION OF UNION COUNTY INC.
GRANT RECOMMENDATION FORM**

Date: _____

I request/recommend a grant distribution from the *(name of your fund)* _____
to the following grantee:

Grantee Official Name *\$ Amount*

Grantee Address (City, State, Zip)

Grantee Phone number and/or email address

Project Purpose (general operations, specific project, etc.)

Please provide the EIN # (Employer Identification #) for grants exceeding \$1,000 _____

A W-9 is required from the grantee if the aggregate annual amount received from the Foundation is \$600 or more, and the grantee is not a corporation.

I wish to remain anonymous to the grantee: _____ YES _____ NO

I/we acknowledge that the above request(s) do not represent the payment of any pledge or other financial obligation that has not had prior approval of the Foundation Board. Nor does the undersigned expect any personal benefit from this charitable distribution, such as a membership, tickets to events, etc.

Fund Advisor (or designee) Signature _____ Phone or _____
E-Mail address

Fund Advisor (or designee) Printed name

Internal Use Only – Approved (consistent with Fund agreement) _____

Date _____

You may fax this form to (937) 642-7376, email to: info@unioncountyfoundation.org or mail the completed form to: Union County Foundation, 126 N. Main St., PO Box 608, Marysville, OH 43040 *If you have any questions please contact Dave Vollrath, Executive Director, at (937) 642-9618, or email dave@unioncountyfoundation.org.*