



Fund Name: _____

1. GRANT REQUEST

Please note that grant recommendations can also be made to existing HCCF funds such as the Operating Fund, Operating Endowment Fund and Deedee Daniel Opportunity Fund.

Grant Amount: _____

Payee: _____

Contact Name: _____

Address: _____

Phone: _____

PLEASE RETURN FORM TO:

FAX: 317.268.6164

EMAIL: eric@hendrickscountycf.org

6319 East U.S. Highway 36,
Suite 211, Avon IN 46123

NOTE: All checks will be mailed directly to the above Organization unless otherwise indicated as follows:

Mail check to: Payee Other: _____
Name; Address, City, State, Zip

HOLD check for: Pick-up Delivery Comment: _____

Grant Purpose: _____

Make Grant Anonymously

2. FUND REPRESENTATIVE SIGNATURE AND REPRESENTATIONS

As Fund Representative for the above mentioned fund, I recommend the grant(s) listed above and further acknowledge and represent the following:

- ✓ The grant recommendation(s) must receive approval by the Hendricks County Community Foundation Board of Directors.
- ✓ The grant(s) fulfill(s) the purpose of the above mentioned fund, as stated in the Fund Agreement.
- ✓ In accordance with IRS regulations for donor advised funds, this recommendation will not be used to fulfill pledges and/or secure benefits to, at a minimum, donors, advisors, and related parties; provide donors, advisors, and related parties with grants, loans, compensation or similar payments including expense reimbursements; or award grants to individuals.

Signature: _____

Date: _____

HCCF OFFICE USE ONLY

Grantee: _____ Payee: _____

Fund balance

Program Area _____

CC:

Standard Letter (DA01)

Project Code _____

Acct Received: _____

Receipt Letter (DA02)

Request Type _____

EFT Manual Check # _____

W9 Letter (DA03)

Grant #: _____

Condition: _____

Report Letter (DA04)

Date: _____

DAF Letter (DA08)

PO Initials: _____

Condition reminder date: _____

Special Letter, as per Prog Officer