



Grant Recommendation Form

You can also recommend a grant online at heartofillinois.org or by sending an email to Chasity Casey at ccasey@heartofillinois.org For questions or assistance please call the HICF at (217) 429-3000

1 Fund Name _____

2 Grant Amount \$ _____

3 Nonprofit Organization
(Grant checks are made payable to the legal name of the nonprofit organization and mailed directly to the org.)

Organization Name _____

Address _____

4 Charitable Purpose
(If necessary, the HICF may add the words "no impermissible goods or services will be provided to individuals affiliated with this fund")

General Support

Specific Purpose or Project _____

_____ If recommending a grant to a gala, tournament, auction or other event, initial here to confirm that this grant will not be used to pay for any portion of the ticket or cost of admission to such event. Unless, the total cost of the ticket or admission would be fully deductible as a charitable contribution.

5 Special Instructions

Recognize Fund Name Only (The letter will not include the donor name or address)

Recognize Fund Name and the following Donor Name(s): _____

Include donor's mailing address in the award letter

Anonymous (The letter will not include the donor or fund name in the award letter)

6 Certification
I certify that neither I nor any individual will receive any material benefit from the charitable organization as a result of this grant. If any material benefit or privilege is offered in connection with this charitable disbursement, I have not and will not accept it. I understand and acknowledge that I cannot claim a charitable deduction for grants I've recommended, even if the grantee sends me a receipt. If committee advised, I attest the advisory committee has reviewed and approved the above recommended recipient and amount for the purpose specified.

I understand and acknowledge that a grant must directly and fully support a charitable program and I will not submit a recommendation intended to:

- Fulfill a pledge I have made
- Benefit myself, any specific individual or to benefit an entity in which I hold 35% or more controlling interest
- Support political campaigns or lobbying activities
- Provide a personal benefit. Example: Pay in whole or part for tickets to museums, sporting events, galas; goods at auctions, tangible religious benefits, school tuition or other benefits that would reduce the charitable deduction.

I understand that grant recommendations are subject to the review and approval of The Heart of Illinois Community Foundation (HICF) and grants must comply with the policies detailed in the HICF's Charitable Fund Guidelines. I understand that this is a recommendation and not a direction and the HICF will perform the necessary due diligence of the charitable organization to ensure compliance with federal regulations.

Fax this completed form to (217) 429-3001 or email it to HICF Director of Finance, Chasity Casey, at ccasey@heartofillinois.org Forms can also be mailed to 101 S. Main St. Suite 400 Decatur, IL 62523 ATTN: Chasity Casey

X			
Authorized Signature	Print Name	Date	Phone