



FORM

Community Savings Account Distribution Recommendation

PO Box 296, Pierre, SD 57501
605.224.1025 | 800.888.1842 | Fax 605.224.5364
www.sdcommunityfoundation.org

Date: _____

Fund #: _____

The undersigned Donor or Authorized Representative is hereby recommending the following grants be awarded by the South Dakota Community Foundation:

Nonprofit Name: _____ **TAX ID#** _____ **AMOUNT \$** _____

Explain the proposed charitable purpose of the grant (*refer to charitable purpose document*):

Nonprofit Name: _____ **TAX ID#** _____ **AMOUNT \$** _____

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Mail check/s to:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

The undersigned recognizes the South Dakota Community Foundation's "Procedures and Guidelines for Operation of Advised Funds" which were last amended January 25, 2007 (Procedures). Furthermore, the undersigned recognizes that distributions can only be made to organizations described in section 170(b)(1)(A), to the South Dakota Community Foundation, or to another fund within the South Dakota Community Foundation. The undersigned also finds the recommended to be deserving nonprofit or charitable entities and that the grant will be used for charitable purposes consistent with the Foundation's purposes. The undersigned also understands that the Foundation's Board of Directors has ultimate authority over all distributions made from the above-mentioned fund. If for any reason the grant is later to be determined inconsistent with the Foundation's purposes, the donor or authorized representative may lose the privilege to make award recommendations.

Name of Authorized Representative

Signature of Authorized Representative

Contact Phone Number

Contact e-mail

Revision Record

Revision	Description	Revision Date
01	Removed Fund Name field	6/7/21

Review Record

Review Date	Reviewer's Initials