

_____ **Community/Component Fund**

Fund # _____

Grant Disbursement Recommendation

_____ Grant Selection Committee met on _____ and selected the following recipient(s):

Name of Fund

Date

Grantee Name	Amount	Project Title	Contact Name/Title	Address

_____ Fund Grant Selection Committee recommends to the Northwest Minnesota Foundation Board of Directors the disbursement of grant(s) listed above.

MOTION by _____, SECOND by _____, MOTION CARRIED

Name

Name

I further certify that:

- All fund advisory committee members/donor advisors have disclosed any and all conflicts of interest regarding the grant applications considered; further that if a conflict of interest existed those members have refrained from discussion and abstained from voting on these proposals;
- the above recommendation does not represent the payment of any irrevocable or legally binding pledge or other financial obligation of any individual;
- Neither the undersigned or any family member expect any personal benefit from this charitable distribution, and
- I also acknowledge that final judgment on these recommendations rest with the Northwest Minnesota Foundation Board of Directors.

Approved by:

_____ Name

_____ Affiliation