



Madison

COMMUNITY FOUNDATION

Grant Recommendation Form

Name of Fund: John Luschen Fund #: 1031991 Date: 4/9/18
Post Laureate Memorial Fund

In the case of donors with more than one fund, please indicate whether the fund is a Passthrough or an Advised Fund.

Type of Fund: Donor Designated

I/We recommend that the Madison Community Foundation review and approve the following distribution(s) from the above fund. I understand that the final judgment rests in the hands of Board of Governors of the Madison Community Foundation, whose charge it is to ensure that all distributions meet the regulations of the Internal Revenue Code and are compatible with the policies and purposes of the Madison Community Foundation. I understand that distributions will not be made until approval of the Board of Governors has been granted. I certify that these recommendations do not represent the payment of any legally enforceable pledge or obligation. And that neither I nor my family member expects to receive any goods, services, or non-tax deductible membership benefits.

Signatures: Karin L. Wolf

Organization Name: Madison Arts Commission

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Title: _____

Telephone: _____ Email: _____

Special Purpose of Grant (if different from general operating expenses): Post Laureate

Amount: \$ 531,78

I would prefer my identity not be disclosed.

Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Title: _____

Telephone: _____ Email: _____

Special Purpose of Grant (if different from general operating expenses): _____

Amount: \$ _____

I would prefer my identity not be disclosed

- Thank you again for establishing a fund with the Madison Community Foundation. If you would like staff assistance in locating programs within your field of interest, please contact Foundation staff at (608) 232- 1763.
- Recommendations must be received by the 15th of each month to receive Board approval by the end of that month.
- All recommendations received after the 15th will be reviewed the following month.
- Checks will be mailed directly to the organizations.
- Please return this completed form to the Madison Community Foundation and retain a copy for your records.