

# **Designated Fund Application**

Building trusted partnerships to connect local resources with community needs.

50430 School House Rd, Suite 200, Canton, MI 48187 • 734/495-1200 www.localimpactalliance.org

### Name of Fund:

(e.g., "Leadership Canton Fund")

Primary Fund Contact: (See definitions below)	Secondary Fund Contact: (See definitions below)
Fund Representative Only:	_ <b>T</b> Fund Founder <b>Fund Adviser</b>
Fund Founder     Fund Adviser (if applicable)	Name  D Male D Female
Name	
Male     Female	Address         Image: Permanent         Image: Seasonal         Image: Business
Address	City State Zip
01	_
City State Zip	Home Phone
Home Phone	-
	Mobile Phone
Mobile Phone	-
	Business Phone
Business Phone	-
	Fax
Fax	-
	Email Address
Email Address	-
	Company/Organization Name
Company/Organization Name	-
	Title

Title

Fund Founder: The donor(s) making the gift that will establish the fund. If advised, individuals have full advisory privileges with the fund, including grant recommendation, initial investment pool recommendations, naming of successor advisers and other fund advisory privileges. Fund Adviser: Individual who advises the fund through grant recommendations only. Fund Representative: Individual who has access to fund information but no advisory privileges. This may be the person who receives quarterly statements.

## Fund Activity Statements:

Statements are published quarterly and mailed in hard-copy form, unless specified below:

Please email electronic statements to me at:

I do not wish to receive guarterly hard-copy statements.

Mail guarterly hard-copy fund statements to fund contact.

Additional Fund Advisors named on attached sheet.

Fund Recognition: Grants are mailed with a custom grant let listing the name of the fund and the fund's founders/advisors. Ple specify below how you would like the founders(s)/advisor(s) to be indicated (e.g. Mr. and Mrs. Jim Smith, Jim and Jane Smith, the S Family Fund).

Contact by Grantees: Organizations that receive grants from fund receive a letter indicating the name of the fund that has mad grant possible. Some grant recipients like to acknowledge the do Please indicate if you would like us to provide your name to the g recipient.

Yes, it is OK to provide my name to the grant recipient.

No, I prefer you only provide the fund name to the recipient.

## Supporting Organizations:

Please list the names of the organizations and percentage amou be received each year:

Name	
%	
Name	
%	
Name	
%	

## Fund Creation Initial Gift \$

\$10,000 required in order to establish an endowed fund of the Ca Community Foundation. Fund balance must reach \$10,000 withi years of inception and grants can only be made once the fund reaches this balance. If the fund does not reach \$10,000, the fur annual 4.5% "take out" may be added to the Foundation's comm grants budget, but the fund name will be maintained.

Check made payable to the Canton Community Foundation			
	Securities: Publicly Traded Privately Held *		

_	occuntics.	
	Restricted*	
	Resincieo	

Number of shares \_\_\_\_

Name of company\_\_\_\_

U Other Type of Gift\*

(Describe the gift, (e.g. real estate, wire transfer, personal property, insur policy, credit card)

\*Additional information will be required. Please contact the Foundation at 743/495-1200.

## Successor Advisor Election (optional):

Fund founders may create a succession plan naming individuals to assume advisory privileges in the event of the Fund Founder and Fund Advisor's death, resignation, inability or unwillingness to advise the fund. Successor advisors are entitled to name their successors, unless otherwise noted in the fund agreement.

#### Successor Advisor #1:

ntact.	Name	
niaci.	□ Male □ Femal	е
	Address	s
i grant letter isors. Please or(s) to be	City State Zi	р
nith, the Smith	Home Phone	
	Email Address	
ants from the has made the ge the donor. e to the grant	Company Name (if applicable)	
o to the grant	Title	
ent.	Relationship to Fund Founder/Advisor	
ecipient.	I do not wish to name successor advisors. In the event that the Fund Founder and/or Fund Advisor die,	
ge amounts to	resign or are otherwise unable or unwilling to act in this capacity and no successor advisors are named, or at the end o the advisory period, the fund will be maintained in perpetuity as separate fund of the Canton Community Foundation with grant	s a
	issued according to the fields of interest listed in the fund agreement. If no fields of interest are named, grants will be awarded to support a wide range of community needs.	
	Referral Information:	—
	Other (please list on written addendum):	
	Referred to Canton Community Foundation by	
Minimum of the Canton 000 within 5	Relationship	
e fund 0, the fund's 's community	If Professional Advisor, mailing address	
Sconinanity	City State Zip	
undation	Phone	
	Email	
	Professional Advisor's company & title	
perty, insurance	Add my Professional Advisor as a Fund Representative	

## Fund Duration & Investment Allocation:

I have read the Donor Fund Terms & Conditions, and I intend that this fund will be (select one):

Б

**Endowed Pool:** The fund shall be maintained in perpetuity with the distributions subject to the Foundation's Spending Policy (currently 4.5%). Long-term returns are intended to preserve or increase the real value of the fund and generate cash to support granting needs.

**Spendable/Invested Pool:** All assets in this fund, including any investment earnings, will be available for distribution and may exceed the Foundation's Spending Policy during the fund advisory period. Funds are invested with prudent levels of growth expectations, yet enable fund availability for granting. Fund founders should be aware that there is an increased level of market risk with this option. This investment pool is intended for fund founders who want greater flexibility in granting dollars with the possibility of fund growth through investment activity..

**Short-term Pool:** Assets in this pool are intended for those who plan to grant out the funds in 0-2 years. This fund offers minimal growth.

**Externally Managed:**(For funds of at least \$50,000 - may be endowed or spendable/invested) Your investment manager must agree to adhere to the Foundation's Investment Policies and be pre-approved by the Foundation's Investment Committee. Please provide investment manager's name and phone number:

## Estate Planning:

I have remembered the Canton Community Foundation in my estate plans and would like to learn more about how to personalize my bequest.

- J I would like to receive information about including CCF in my estate plans by :
  - U.S. Mail Email Phone Call
- I would like to receive information about life income gifts to CCF by:
  - U.S. Mail Email Phone Call

## Fund/Donor Recognition Preferences:

- Do not list my name on fund listings.
- Do not include this fund in any published fund listings.
- I am willing to be featured in CCF publications/websites and interviewed for media stories.

## Acknowledgements & Signatures:

I acknowledge that I have received and read the Canton Community Foundation's Donor Fund Terms & Conditions and agree to the terms, fees and conditions described therein. I understand any contribution, once accepted by the Canton Community Foundation's Board of Directors, represents an irrevocable contribution to the Canton Community Foundation. I understand CCF will use the information in this application to prepare a Donor Fund Agreement, which will be used by the Foundation to govern the fund.

I hereby certify, to the best of my knowledge, all information presented in connection with this form is accurate, and I will notify the Canton Community Foundation promptly of any changes.

Donor or Agent Signature

Print Name

Donor or Agent Signature

Print Name