



Establishing a New Fund

Fund name: _____ Date: _____

We suggest a simple and easy-to-remember name; this fund name will appear on the CFO's online Fund Manager and donation platform

Type of Fund

- Irrevocable endowment — Permanent fund, principal is restricted; must reach \$10,000 to distribute
- Revocable quasi-endowed — \$2,500 minimum to establish, \$1,000 minimum to maintain; invested and tracked as a true endowment
- Revocable non-endowed — \$2,500 minimum to establish, \$1,000 minimum to maintain; temporary fund, full balance is spendable

Purpose (non-endowed only): Project support Capital campaign Reserve Investment Operating support

Estimated initial gift establishing the fund: _____

Fund Establisher Information

Organization name: _____

EIN: _____

Mailing address: _____

City: _____ State: _____ ZIP: _____

Phone number: _____

Please select one category that best describes the focus of the organization:

- Animals Arts Community development
- Education Environment Faith Health
- History Library Social services Youth

Mission statement:

PRIMARY FUND DOCUMENT SIGNERS

Name of ED/CEO: _____
PREFIX

Email address: _____

Primary fund contact

Name of board officer: _____
PREFIX

Title: _____

Email address: _____

Primary fund contact

Email addresses required for all fund document signers

OPTIONAL: ADDITIONAL FUND DOCUMENT SIGNERS

Name: _____
PREFIX

Title: _____

Email address: _____

Name: _____
PREFIX

Title: _____

Email address: _____

Email addresses required for all fund document signers

Who referred you to the CFO?

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Fund Contact Authority & Information Access

The CFO may only communicate with approved fund contacts about your fund or provide them access to Fund Manager, the CFO's online portal to access fund activity and statements, including detailed reports on disbursements, donations (including donor information) and quarterly statements. We recommend an annual review and update of fund access and authority to insure compliance with your organization's internal controls procedure and/or policy. All others may not receive information without prior approval from the organization. Once the new fund documents are completed and the new fund is established, access will be given to the individuals below.

FUND CONTACT ROLE DEFINITIONS

Primary fund contact (indicated on first page): Must be the executive director/CEO or a board president, treasurer or secretary (if the agency does not have staff). May be given information over the phone/email, has access to Fund Manager, and may make fund changes, request grants/distributions and remove or add other fund contacts.

Authorized fund contact: May be given information over the phone/email, has access to Fund Manager and may make fund changes, request grants/distributions and remove or add other fund contacts.

Information only fund contact: May receive information over the phone/email, has access to Fund Manager but may not make fund changes or request grants/distributions.

Accounting fund contact: Includes bookkeeper, accounting firm and/or contact/CPA at that firm. May receive information for audit and bookkeeping purposes only. Has access to Fund Manager but may not make fund changes or request grants/distributions.

ADDITIONAL FUND CONTACTS

Name: _____

PREFIX

Title: _____

Email address: _____

Role—select one: Authorized
 Information only
 Accounting

Name: _____

PREFIX

Title: _____

Email address: _____

Role—select one: Authorized
 Information only
 Accounting

Name: _____

PREFIX

Title: _____

Email address: _____

Role—select one: Authorized
 Information only
 Accounting

Please return the completed form to your contact at the Community Foundation of the Ozarks, P.O. Box 8960, Springfield, MO, 65801
 Phone: (417) 864-6199 · Fax: (417) 864-8344

OFFICE USE ONLY

Fund name: _____ Steward: _____

Division: Springfield Regional Affiliate: _____

Type of gift: Check Credit card Wire transfer Stock/security transfer Other: _____

Additional Notes