



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

Estimated initial gift establishing the fund: _____

PROJECT INFORMATION

Project Type

Please select the type that best describes your project:

- Incubated** — Tests the waters to see whether the project is feasible and warrants the effort of forming a new charity to house it.
- Perpetual** — Project leaders may not intend to set up their own charity and operate indefinitely under their fiscal sponsor that takes the onus of administrative services.
- One-time event** — May not merit the time and effort of setting up a new nonprofit, obtaining tax-exempt status and later dissolving it.
- Quick launch** — Stopgap in which project leaders need to launch the program immediately and do not have time to form and qualify a new nonprofit.

Project Tax-exempt Status and Plans

Check any that currently apply:

- Project has received nonprofit status from the state of Missouri.
- Project has received 501(c)3 or other tax-exempt status from the IRS.
- Project has applied for 501(c)3 status with the state of Missouri and/or the IRS, but has not been approved yet.
- Project plans to apply for nonprofit status with the state of Missouri and the IRS in the future.

PROJECT LEADER AND FUND ESTABLISHER INFORMATION

Project leaders will serve as the primary fund advisors/contacts and ensure compliance with guidelines.

Project Leader 1

Name: _____
PREFIX

Date of birth: _____

Title: _____

Email address: _____

Mailing address: _____

City: _____ State: _____ ZIP: _____

Phone number: _____

Who referred you to the CFO?

Project Leader 2

Name: _____
PREFIX

Date of birth: _____

Title: _____

Email address: _____

Mailing address: _____

City: _____ State: _____ ZIP: _____

Phone number: _____

Project Focus

Please select one category that best describes the charitable focus of the project:

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

Continued on next page



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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

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: _____

Who/what is establishing this fund: Community collaborative/coalition

Business Individual/family Affiliate foundation

Other: _____

Type of gift: Check Credit card Wire transfer

Stock/security transfer Other: _____

Project information form submitted: Yes No

Additional Notes