

Designated Fund Application

For good. For ever.

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

Name of Fund:

Title

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(e.g., "Leadership Plymouth Fund")			
Primary Fund Contact: (See definitions below)	Secondary Fund Contact: (See definitions below)		
Fund Representative Only:	Fund Founder Fund Adviser		
Fund Founder Fund Adviser (if applicable)	Name		
Name	☐ Male ☐ Female		
☐ Male ☐ Female	Address ☐ Permanent ☐ Seasonal ☐ Business		
Address	City State Zip		
City State Zip	Home Phone		
Home Phone	Mobile Phone		
Mobile Phone	Business Phone		
Business Phone	Fax		
Fax	Email Address		
Email Address	Email Address		
Email Address	Company/Organization Name		
Company/Organization Name			
	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 quarterly hard-copy statements.
Mail quarterly hard-copy fund statements to fund contact.
Additional Fund Advisors named on attached sheet.
Fund Recognition: Grants are mailed with a custom grant letter listing the name of the fund and the fund's founders/advisors. Please 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 Smith Family Fund).
Contact by Grantees: Organizations that receive grants from the fund receive a letter indicating the name of the fund that has made the grant possible. Some grant recipients like to acknowledge the donor. Please indicate if you would like us to provide your name to the grant 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 amounts to be received each year: Name
%
Name
%
Name
%
Fund Creation Initial Gift \$ Minimum \$10,000 required in order to establish an endowed fund of the Community Foundation of Plymouth. Fund balance must reach \$10,000 within 5 years of inception and grants can only be made once the fund reaches this balance. If the fund does not reach \$10,000, the fund's annual 4.5% "take out" may be added to the Foundation's community grants budget, but the fund name will be maintained.
Check made payable to the Community Foundation of Plymouth Securities: Publicly Traded Privately Held * Restricted* Number of shares Name of company
Other Type of Gift* (Describe the gift, (e.g. real estate, wire transfer, personal property, insurance policy, credit card)

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

Name		☐ Male	☐ Female
Address	☐ Permanent	☐ Seasonal	☐ Business
City	State		Zip
Home Phone	е		
Email Addres	SS		
Company Na	ame (if applicable)		
Title			
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I have	e read the Donor Fund Terms & Conditions, and I intend that this fund will be (select one):
S	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.
a le a	Spendable/Invested Pool: All assets in this fund, including any investment earnings, will be available for distribution nd may exceed the Foundation's Spending Policy during the fund advisory period. Funds are invested with prudent evels of growth expectations, yet enable fund availability for granting. Fund founders should be aware that there is n increased level of market risk with this option. This investment pool is intended for fund founders who want greater exibility 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 ffers minimal growth.
n	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:
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<u>Esta</u>	ate Planning:
	have remembered the Community Foundation of Plymouth in my estate plans and would like to learn more about o personalize my bequest.
	would like to receive information about including CFP in my estate plans by : U.S. Mail Email Phone Call
	would like to receive information about life income gifts to CFP by: ☐ U.S. Mail ☐ Email ☐ Phone Call
— Fun	d/Donor Recognition Preferences:
	Do not list my name on fund listings.
	Oo not include this fund in any published fund listings.
	am willing to be featured in CFP publications/websites and interviewed for media stories.
Ack	nowledgements & Signatures:
I ackno describ contrib Agreer	wiledge that I have received and read the Community Foundation's Donor Fund Terms & Conditions and agree to the terms, fees and conditions are therein. I understand any contribution, once accepted by the Community Foundation's Board of Directors, represents an irrevocable aution to the Community Foundation of Plymouth. I understand CFP will use the information in this application to prepare a Donor Fund ment, which will be used by the Foundation to govern the fund.
	y certify, to the best of my knowledge, all information presented in connection with this form is accurate, and I will notify the Community ation of Plymouth promptly of any changes.
Dono	r or Agent Signature Print Name
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Dono	r or Agent Signature Print Name

Fund Duration & Investment Allocation:

Date