



# Establishing a Donor Advised Fund at the Community Foundation

Thank you for your interest in establishing a Fund at the Community Foundation of Collier County and for providing the information below. After completing this form, please return it to the Community Foundation, 2400 Tamiami Trail North, Suite 300, Naples, FL 34103. If you have any questions, please call 239-649-5000.

### **Donor/Founder Information**

*Primary Address:*

Donor/Founder Name(s): \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth (optional): \_\_\_\_\_ (name): \_\_\_\_\_

Date of Birth (optional): \_\_\_\_\_ (name): \_\_\_\_\_

*Alternate Address:*            *Dates of occupancy:* \_\_\_\_\_ to \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

### **Fund Name**

Proposed Name of the Fund: *(For example, John and Mary Smith Family Fund)*  
\_\_\_\_\_ Fund.

The Community Foundation of Collier County lists names of funds and donors in its Annual Report.

I would like the fund name listed in the Foundation's Annual Report: \_\_\_\_\_

I would like my name listed in the Foundation's Annual Report: \_\_\_\_\_

### **Grantmaking**

I would like the grants from the fund to be anonymous: \_\_\_\_\_

**Please include additional information in the space below:**

*The following outlines the use, restrictions and purpose of the fund.*

**Protection of Donor's Intent**

In order to protect the charitable intent of the donor's contribution, this agreement is subject to the Foundation's authority to vary the terms of the gift in accordance to the Bylaws of Community Foundation of Collier County. Expressly, the Foundation can modify any restriction or condition on the distribution of funds for any specified charitable purposes or to specified organizations if in the sole judgment of the Board (without the necessity of the approval of any participating trustee, custodian, or agent) such restriction or condition becomes, in effect, unnecessary, incapable of fulfillment, or inconsistent with the charitable needs of the community area served.

Monies received are considered an irrevocable charitable gift. All contributions become assets of the Community Foundation of Collier County and are to be governed by its Articles of Incorporation and By-Laws, as amended from time to time.

**Advisors to the Fund**

Please name the advisors to the fund. If at any time that the advisor(s) wish to relinquish his or her participation, the remaining fund dollars will fall under the discretion of the successor advisors' or if none are designated, the remaining fund dollars will fall under the discretion of the Community Foundation's Board of Trustees.

**Advisor #1**

Advisor Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**Advisor #2**

Advisor Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**Advisor #3**

Advisor Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

see additional names

**Successor Advisors**

If any, please name the successor advisors to the fund. At any time that an advisor wishes to relinquish his or her participation, the remaining dollars at the advisor's disposal will fall under the discretion of the Community Foundation's Board of Trustees. Please enter a description of the successor advisor structure for generations beyond one successor.

**Successor #1**

Successor Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**Successor #2**

Successor Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

*Additional Successor Advisor Information*

**Source of Funding (choose one or both):**

- Immediate Gift
- Estate Plan

**Recommended Investment Strategy**

Please indicate which investment pool you recommend for the fund (choose only one).

- Money Market
- Endowment\* *(A mix of equities and fixed income instruments, this pool is designed for long term growth and may experience short term volatility. Please contact the Foundation for recent performance information)*

\*Funds will be invested in the Endowment pool unless otherwise noted. You may recommend changes annually to the investment pool selected to reflect changes in your charitable goals.

**About Fees**

There are no transaction fees for contributions to the fund, investment pool changes or distributions to other charities. Donor Advised Fund fees vary based on the asset value of the individual Donor Advised Fund. Each Donor Advised Fund is charged a Community Foundation administrative fee and its pro rata share of investment management fees for the risk/asset allocation pool or the endowment pool in which it is invested. The Community Foundation's fee for the administrative services is a blended fee, taken one fourth quarterly directly from the fund. The Foundation fees for donor advised funds start at 1.1% and decline according to our published fee schedule.

**Grantmaking Distributions:**

I would like to distribute to advised charities each year in accordance with the Community Foundation’s general endowment spending policy as set forth by the Board of Directors. I understand that I will be advised each fiscal year as to the recommended amount of available grant dollars from my fund. This amount is calculated over 12 rolling quarters.

I would like to distribute the recommended percentage **plus any principal balance** of the fund to advised charities. I understand that a named endowment fund must have a minimum balance of \$10,000. Foundation staff will advise me if my balance is under \$10,000.

Grant distribution recommendations must be in writing. You may fax, mail or email your recommendations to us. Our fax number is 239-649-5337. Email requests may be sent to [akirk@cfcollier.org](mailto:akirk@cfcollier.org). Grants must be awarded to qualified charities for charitable activities. Grants may not be used for payment of a pledge or other personal financial obligations on behalf of the fund representative(s) donors, advisors, family members or related parties and businesses they control, and no tangible benefit, goods, services or privileges, such as memberships, dinners, event tickets, etc. were or will be received by any individual or entities connected with the Fund. Grants also may not be used for any private benefit (such as school tuition or scholarships directed to one individual), table sponsorships, or goods bought at charitable auctions, including the portion that is considered a charitable deduction. Grants may not be used for lobbying, political contributions, or to support political campaign activities. All grants are subject to approval by the Board of Trustees.

**Under Funded and Dormant Donor Advised Funds:**

If a donor advised fund falls below the required \$10,000 balance, as long as investment performance is not the reason, Foundation staff will contact you with the following options:

1. Increase the fund above the minimum \$10,000 balance within the next three months.
2. Make distributions from the fund to charities you recommend and close the fund.
3. Transfer the funds to the General Unrestricted Endowment.

If the Foundation makes at least **four** attempts to contact you over a two year period and does not receive a response, then the fund will be terminated and the balance will be transferred to the General Unrestricted Endowment.

**Addendum:**

Please attach any additional information regarding the fund.

**Your Signature**

*I / We agree to and accept the terms of this agreement and the related policies governing donor advised funds.*

Please sign and date:

\_\_\_\_\_  
*Founder 1*

\_\_\_\_\_  
*Founder 2*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Community Foundation of Collier County*

\_\_\_\_\_  
*Date*

**Attachments?** \_\_\_\_\_

Thank you. We look forward to working with you!

**Optional Information**

***Professional Advisor***

CPA:

CPA Name: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**Estate Planning Attorney:**

Attorney Name: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_