Affiliate Fund Packet

Affiliate Funds are designed to benefit a particular geographic area. Each affiliate is overseen by an advisory board of local leaders who may engage in endowment building, fundraising, grantmaking, and other activities to promote local philanthropy and community building. They work with their friends and neighbors to share with them how an affiliate fund can benefit the area, fundraise so needed money will be in place for grants, and help make wise decisions about grant distributions.

🌟 Albany Legacy Fund
🌟 Andrew County Fund
🌟 Brookfield Hometown Legacy Fund
🌟 Clinton County Initiative Fund
🌟 Fairfax Improvement Fund
🌟 Greater Southern Nodaway County Community Foundation Fund
🌟 David Waltemath Mem King City Endowment Fund
🌟 Maysville Endowment Fund
🌟 Stanberry Community Betterment Fund
**Services and Parameters**

The advisory committee instructs The Community Foundation to use the available grant dollars toward their community/county. These funds are flexible enough to meet changing community needs.

<table>
<thead>
<tr>
<th>Services</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions Processed</td>
<td>Deposit Log form must be submitted with deposits of more than 5 checks.</td>
</tr>
<tr>
<td></td>
<td>Mailing checks directly to the office is encouraged.</td>
</tr>
<tr>
<td>Acknowledgements Sent</td>
<td>Donations of cash or goods under $50.00 will <strong>not</strong> be acknowledged.</td>
</tr>
<tr>
<td></td>
<td>Non-gift contributions will not be acknowledged – donor received a benefit.</td>
</tr>
<tr>
<td>Grants Processed</td>
<td>Email request or grant request form must be submitted by authorized advisory committee member.</td>
</tr>
<tr>
<td></td>
<td>No checks to the group or organization the fund represents <strong>unless</strong> they have their 501 (c) 3 designation.</td>
</tr>
<tr>
<td>Reimbursement to Individuals</td>
<td>Reimbursements only with purchase receipt, signed w-9, and authorized committee member’s signature.</td>
</tr>
<tr>
<td>Vendor Payments</td>
<td>Vendor or invoice Payments – signed w-9 and invoice must accompany request.</td>
</tr>
<tr>
<td></td>
<td>No purchases of guns, ammunition or controlled substances.</td>
</tr>
<tr>
<td></td>
<td>1099 is generated and sent if the payment is over $600.</td>
</tr>
<tr>
<td>No Minimum Balance</td>
<td>Annual administrative fee must always be available in the fund.</td>
</tr>
<tr>
<td>Online Access</td>
<td>Online access is available to the fund’s authorized committee members only.</td>
</tr>
<tr>
<td>Quarterly Statements</td>
<td>Statements are available online to authorized committee members for downloading or printing. All fund activity is included in the statement.</td>
</tr>
<tr>
<td></td>
<td>Requested printed statements are $3.00 per statement.</td>
</tr>
<tr>
<td>Invest Assets</td>
<td>Investments are managed by Commerce Trust Company.</td>
</tr>
</tbody>
</table>

**W-9 Regulations**

A W-9 must be furnished by the vendor to receive payment from a fund through The Community Foundation. The fund requesting a vendor payment for goods or services must submit a W-9 from the vendor and vendor invoice with the vendor payment request. Forms available on: irs.gov/pub/irs-pdf/fw9.pdf.

Only 501(c)3 organizations can receive grants other than reimbursables and vendor payments.
Affiliate Fund Start Up Form

Please complete and return to start the process of opening a fund. Upon receipt, staff will draft a fund agreement and contact you to complete the process.

What would you like to name the fund?

________________________________________________________________________

List the charitable purpose of the fund

________________________________________________________________________

________________________________________________________________________

Is the fund endowed?

___ Yes (Grants are limited to 5% of the fund’s earnings each year)

___ No (Grants are made from principal and earnings)

How would you like the fund invested?

___ Community Foundation’s Pools

___ Personal Financial Advisor

List Advisors or committee members for the fund including name, address, phone, and email.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Who will be authorized to suggest distributions?

________________________________________________________________________

________________________________________________________________________

Name ___________________________ Signature ___________________________ Date ___________________________

Address ___________________________ Phone ___________________________

Email ___________________________

Return to Stacey Helfery:
Community Foundation of Northwest Missouri, Inc.
1006 W St Maartens Dr, Suite B, St Joseph, MO 64506

or

stacey@cfnwmo.org