Fund Start Up Form

Please complete and return this form to The Community Foundation of Northwest Missouri to start the process of opening a fund. Upon receipt, staff will draft a fund agreement and contact you to complete the process.

What type of fund would you like to establish?

- ___ Donor Advised - This fund allows the donor to recommend how their gift is used. Grant awards are issued to charities in the name of the fund (or anonymously if the donor prefers), and contributions to the fund qualify for income tax deduction in the year they are made.

- ___ Field of Interest - The donor instructs The Community Foundation to use the available grant dollars in an area of interest, such as education, health, youth, the environment and so forth, rather than restricting the money to one organization.

  List the charitable purpose (ex: arts, education, health, etc.) ________________________________

- ___ Designated - The donor instructs The Community Foundation to pay available grant dollars to one or more specific named charitable organizations, usually perpetuity. Organizations are specified at time of fund set up.

  List Organization(s) to receive donations
  ____________________________________________________________
  ____________________________________________________________
  ____________________________________________________________

What would you like to name 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

  Advisor Contact Information ________________________________________________

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

________________________________________________________________________

________________________________________________________________________
Who will be authorized to suggest distributions

________________________________________

Donor Name ____________________________ Signature ____________ Date ____________

Address ____________________________ Phone ____________

Email ____________________________

Return to:
Community Foundation of Northwest Missouri, Inc.
Attn: Stacey Helfery
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St Joseph, MO  64506
816.232.2022
Or
stacey@cfnwmo.org