



CANTON COMMUNITY FOUNDATION

Cultivating Dreams. Enhancing Lives.

DESIGNATED FUND APPLICATION

Building trusted partnerships to connect local resources with community needs.

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

www.localimpactalliance.org

Name of Fund: _____

(e.g., "Leadership Canton Fund")

Primary Fund Contact:

(See definitions below)

Fund Representative Only: _____

Fund Founder Fund Adviser (if applicable)

Name _____
 Male Female

Address _____
 Permanent Seasonal Business

City _____ State _____ Zip _____

Home Phone _____

Mobile Phone _____

Business Phone _____

Fax _____

Email Address _____

Company/Organization Name _____

Title _____

Secondary Fund Contact:

(See definitions below)

Fund Founder Fund Adviser (if applicable)

Name _____
 Male Female

Address _____
 Permanent Seasonal Business

City _____ State _____ Zip _____

Home Phone _____

Mobile Phone _____

Business Phone _____

Fax _____

Email Address _____

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 Canton Community Foundation. 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 Canton Community Foundation
- 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)

*Additional information will be required. Please contact the Foundation at 743/495-1200.

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 successors, unless otherwise noted in the fund agreement.

Successor Advisor #1:

Name _____ Male Female

Address _____ Permanent Seasonal Business

City _____ State _____ Zip _____

Home Phone _____

Email Address _____

Company Name (if applicable) _____

Title _____

Relationship to Fund Founder/Advisor _____

I do not wish to name successor advisors.

In the event that the Fund Founder and/or Fund Advisor die, resign or are otherwise unable or unwilling to act in this capacity and no successor advisors are named, or at the end of the advisory period, the fund will be maintained in perpetuity as a separate fund of the Canton Community Foundation with grants issued according to the fields of interest listed in the fund agreement. If no fields of interest are named, grants will be awarded to support a wide range of community needs.

Referral Information:

Other (please list on written addendum): _____

Referred to Canton Community Foundation by _____

Relationship _____

If Professional Advisor, mailing address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Professional Advisor's company & title _____

Add my Professional Advisor as a Fund Representative

