

Charitable Fund Application

Welcome to the Catholic Community Foundation of Minnesota (CCF). We're grateful to support your philanthropy through convenient charitable funds, faith-aligned investments, and grantmaking that supports the spiritual, educational, and social needs of our Catholic community. **Please return completed form to:** Catholic Community Foundation, Attn: Lisa Haemmerle, 2610 University Ave W, Suite 500, St. Paul, MN 55114 **or email to:** haemmerlel@ccf-mn.org.

1 – FUND OPTIONS

What would you like to name your fund?	Would you like your fund's name to be published in our annual report? ☐ Yes ☐ No
What type of fund would you like to establish?	
☐ Donor Advised Fund (DAF) – Recommend grants to one or more charitable organizations at any time, in amounts of \$200 or more.	
☐ Designated Fund – Recommend grants to a single named organization at any time, in amounts of \$200 or more.	
☐ Endowment Fund – A permanent fund from which CCF distributes annual grants to designated beneficiaries, with amounts determined by its spending policy.	
Anticipated Initial Gift \$	What asset(s) will constitute your initial gift? (e.g., cash/check, securities, etc.)

Donor Advised Funds: Please complete sections 2-5; section 7 as needed; section 8 optional

Designated Funds: Please complete sections 2-4 and 6; section 7 as needed; section 8 optional

Endowment Funds: Please complete sections 2 and 7; section 8 optional

2 – FOUNDING DONOR INFORMATION (REQUIRED)

PRIMARY DONOR/ADVISOR – Primary contact for fund communications; will receive a login to CCF's donor portal by default

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Rev. ☐ Other _____				
First Name	MI	Last Name	Date of Birth	
Address		City	State	Zip Code
Phone	Phone Type ☐ Home ☐ Work ☐ Cell	Email (Required to receive fund-related communications)	Preferred Method of Communication ☐ Phone ☐ Email	
☐ I would like to also receive occasional communication from CCF with news, giving tips, and event announcements.				
Parish		Community Involvement (e.g., board and volunteer service, alma mater, organizations)		

SECONDARY DONOR/ADVISOR (OPTIONAL)

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Rev. ☐ Other _____				
First Name	MI	Last Name	Date of Birth	Relationship to Primary Advisor
Address		City	State	Zip Code
Phone	Phone Type ☐ Home ☐ Work ☐ Cell	Email (Required to receive fund-related communications)	Preferred Method of Communication ☐ Phone ☐ Email	
☐ I would like to also receive occasional communication from CCF with news, giving tips, and event announcements.				
☐ I would like a unique donor portal login for secondary advisor.				
Parish		Community Involvement (e.g., board and volunteer service, alma mater, organizations)		

DONOR PREFERENCES (REQUIRED)

How would you like to be addressed? (e.g., Mr. and Mrs. Jones, Susan and Bob Jones, etc.)

3 – ADDITIONAL ADVISORS AND SUCCESSOR ADVISORS (OPTIONAL FOR DONOR ADVISED FUNDS AND DESIGNATED FUNDS)

You may name family or non-family persons as additional advisors to your fund. Additional advisors can view fund information and can recommend grants with consent from the founding donors. You may also select family or non-family persons to be successor advisors to your fund. Successor advisors take over upon the death or incapacity of the last founding donor advisor.

ADDITIONAL ADVISOR 1					
First Name	MI	Last Name	Date of Birth	Relationship to Primary Advisor	
Address			City	State	Zip Code
Phone	Phone Type ☐ Home ☐ Work ☐ Cell		Email (Required to receive fund-related communications)		
☐ This person may make grants from the fund without approval from the primary advisor. ☐ This person shall be a successor advisor and take over the fund upon the death of the last founding advisor. ☐ This person shall be the primary contact for the fund upon the death of the last founding advisor. ☐ This advisor may appoint their children as successor advisors to be 3rd-generation advisors.					
ADDITIONAL ADVISOR 2					
First Name	MI	Last Name	Date of Birth	Relationship to Primary Advisor	
Address			City	State	Zip Code
Phone	Phone Type ☐ Home ☐ Work ☐ Cell		Email (Required to receive fund-related communications)		
☐ This person may make grants from the fund without approval from the primary advisor. ☐ This person shall be a successor advisor and take over the fund upon the death of the last founding advisor. ☐ This person shall be the primary contact for the fund upon the death of the last founding advisor. ☐ This advisor may appoint their children as successor advisors to be 3rd-generation advisors.					
ADDITIONAL ADVISOR 3					
First Name	MI	Last Name	Date of Birth	Relationship to Primary Advisor	
Address			City	State	Zip Code
Phone	Phone Type ☐ Home ☐ Work ☐ Cell		Email (Required to receive fund-related communications)		
☐ This person may make grants from the fund without approval from the primary advisor. ☐ This person shall be a successor advisor and take over the fund upon the death of the last founding advisor. ☐ This person shall be the primary contact for the fund upon the death of the last founding advisor. ☐ This advisor may appoint their children as successor advisors to be 3rd-generation advisors.					

4 – INVESTMENT POOL ALLOCATION (REQUIRED FOR DONOR ADVISED & DESIGNATED FUNDS)

Please indicate how you would like to invest your fund assets. CCF has built four investment strategies that we call “pools.” These pools offer varying rates of risk and return. You can invest 100% of your fund in a single pool or mix pool strategies. Funds invested in multiple pools are rebalanced each month back to their original investment allocations.

%	Short-Term Pool for Preservation	<i>Designed to keep pace with Money Market funds and the 90-day treasury bill. It is best used to protect principal and preserve charitable capital.</i>
%	Intermediate-Term Pool for Conservative Growth	<i>Aims to minimize volatility and achieve 3% over inflation. It's best for those funds seeking to distribute substantial grants in the next 3–5 years.</i>
%	Long-Term Pool for Balanced Growth	<i>Highly diversified, this pool is designed to provide growth and income. It is specifically used for endowments and donors with a 7–10 year granting timeline.</i>
%	Passive Pool for Growth	<i>Holding approximately 80% in equities, this more volatile all-index pool may be ideally suited for donors that seek to build charitable capital over 10+ years.</i>

5 – DONOR ADVISED FUND TERMINATION

Your fund will terminate upon the death of the last living donor or successor advisor. It's important for us to know your long-term wishes for your fund so that we can help carry out your philanthropic legacy. **Please indicate how you would like any remaining assets to be distributed upon termination of your fund.**

☐ **Distribute to Salt & Light Fund**

CCF's Salt & Light Fund strives to preserve the good work of critical charities in our community and address emergent needs as they become illuminated — today and tomorrow. Your contribution to this fund will help support the urgent and unmet needs of our Catholic community.

%

☐ **Distribute Directly to Designated Charities**

Designated Organization Name				%
Address	City	State	Zip Code	
Restriction of Designation (if any)				
Designated Organization Name				%
Address	City	State	Zip Code	
Restriction of Designation (if any)				
Designated Organization Name				%
Address	City	State	Zip Code	
Restriction of Designation (if any)				

☐ **Distribute to Existing Fund(s) at CCF** (e.g., parish or school endowment fund, another donor advised fund, Community Priorities Fund)

Fund Name	%
Fund Name	%
Fund Name	%
Fund Name	%

☐ **Convert to Endowed Donor Advised Fund.** A fund with assets of \$50,000 or greater can be converted to an endowed donor advised fund, which enables successor advisors to annually make grant recommendations in an amount determined by CCF's endowment spending policy. After the death of the successor advisor(s), the fund will convert to an endowment and be distributed to designated charities. **Please complete section 7.**

☐ **Convert to Endowment.** A fund with assets of \$50,000 or greater can be converted to an endowment. One or more beneficiaries may be selected to receive an annual distribution from the endowment. You may also choose to include the Salt & Light Fund of the Catholic Community Foundation as a beneficiary. **Please complete section 7.**

6 – DESIGNATED FUND DETAILS (REQUIRED FOR DESIGNATED FUNDS)

Fund Beneficiary (organization name)			
Address	City	State	Zip Code
Restriction or Designation (if any):			
Your fund will terminate upon the death of the last living donor or successor advisor. Please indicate how you would like any remaining assets to be distributed upon termination of your fund: ☐ Convert to endowment fund benefiting designated charity. ☐ Distribute to designated charity as one lump sum ☐ Distribute to designated charity over a period of _____ years			

7 – ENDOWMENT FUND (REQUIRED FOR ENDOWMENT FUND AND ANY FUND CONVERTING TO ENDOWMENT)

Please provide the designated organizations and percentage of annual distribution you would like included in your endowment fund. All organizations will be screened for adherence to Catholic teachings.

Designated Organization Name				%	
Address		City	State		Zip Code
Restriction of Designation (if any)					
Designated Organization Name				%	
Address		City	State		Zip Code
Restriction of Designation (if any)					
Designated Organization Name				%	
Address		City	State		Zip Code
Restriction of Designation (if any)					
Designated Organization Name				%	
Address		City	State		Zip Code
Restriction of Designation (if any)					
Designated Organization Name				%	
Address		City	State		Zip Code
Restriction of Designation (if any)					

DONOR PREFERENCES (REQUIRED IF COMPLETING SECTION 7)

Would you like your fund name included on letters accompanying grant checks? No other identifying or personal information is shared with grantees.
☐ Yes ☐ No

8 – ADDITIONAL INFORMATION (OPTIONAL)

To facilitate your philanthropy with the greatest ease and effect, it can be helpful for CCF to know your financial advisor(s).

Name		Company	
Phone	Email		
This person is my: ☐ Estate Planner ☐ Financial Planner ☐ Wealth Manager ☐ CPA / Accountant			
Name		Company	
Phone	Email		
This person is my: ☐ Estate Planner ☐ Financial Planner ☐ Wealth Manager ☐ CPA / Accountant			
How did you hear about the Catholic Community Foundation of Minnesota? ☐ Newspaper/Magazine ☐ Web Search ☐ Social Media ☐ Event ☐ Parish ☐ Advisor ☐ Other _____			