



## New Fund Information

**Date:** \_\_\_\_\_ **Name of Fund:** \_\_\_\_\_ **Fund**  
*\*We suggest a simple and easy-to-remember fund name but specific to the organization and the fund's purpose.*

**Who is establishing the fund?**  Nonprofit Organization  Donor  Affiliate Foundation

**Grants from this fund will support:** \_\_\_\_\_

**Estimated initial fund deposit:** \$ \_\_\_\_\_

**Fund Establisher Contact Information:**

**Donor(s), Affiliate, or Organization Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
 \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

*If an organization, please list EIN:* \_\_\_\_\_  
*If a donor-advised or family fund, please list successor advisors with addresses below:*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Fund Document Signer(s)** *(please list full name and title for each signer):*

**Name:** \_\_\_\_\_ **Title, if applicable:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Where will documents be mailed?** (Name/Title, Org. Name, Address, City, State, & Zip):

\_\_\_\_\_  
 \_\_\_\_\_

**For CFO Office Use Only**

**Staff Member:** \_\_\_\_\_  
**Affiliate Foundation:** \_\_\_\_\_  
**Type of fund:**

Check if applicable:  
 Mail Annual Report  
 Direct Link for Fund  
 Potential Press Release

<input type="checkbox"/>	Designated	\$10,000 minimum if endowed, otherwise capacity
<input type="checkbox"/>	Unrestricted	\$10,000 minimum if endowed, otherwise capacity
<input type="checkbox"/>	Field of Interest	\$10,000 minimum if endowed, otherwise capacity
<input type="checkbox"/>	Giving Circle	Typically capacity
<input type="checkbox"/>	Family & Community Fund	\$2,500 minimum, always capacity
<input type="checkbox"/>	Donor-Advised Fund	\$25,000 minimum, always with endowed component <i>(Flexible or Permanent)</i>
<input type="checkbox"/>	Corporate Grantmaking	Typically capacity, can be endowed
<input type="checkbox"/>	Scholarship	\$10,000 minimum to award, always endowed
<input type="checkbox"/>	Organizational/Agency Partner	\$500 minimum, always capacity
<input type="checkbox"/>	Organizational Endowment	\$10,000 minimum to distribute

**Additional Notes:**

\_\_\_\_\_  
 \_\_\_\_\_

**Please return completed form to Community Foundation of the Ozarks**

E-mail: [asilva@cfozarks.org](mailto:asilva@cfozarks.org)  
 Address: 425 East Trafficway, Springfield, MO 65806  
 Phone Number: 417.864.6199 Fax Number: 417.864.8344