



Post Office Box 1352
Friday Harbor WA 98250
(360) 378-1001
www.sjcf.org
donate@sjcf.org

ESTABLISH A NONPROFIT FUND

Nonprofit Funds are created by individual nonprofits for their own benefit and serve the purpose of pooled investment management and financial reporting. Special conditions and restrictions can be established to ensure future benefits and management that would otherwise consume organizational or board resources of the nonprofit itself. Those funds that are endowed also benefit from an assured continuity of purpose in perpetuity in case the nonprofit ceases to function.

Nonprofit Organization Name _____

Mailing Address _____

City _____

State _____

Zip _____

Business Phone _____

Email _____

Web Site URL: _____

We prefer being contacted by ☐ Email ☐ Home Phone ☐ Business Phone ☐ Mail

DESIGNATE THE NAME OF THE FUND

Usually the Fund is named after the organization establishing the fund, but another name may be appropriate.

What would you like to name the Fund? _____

NOTE: All Fund details, including balances, grants, deposits and conditions will remain confidential irrespective of the choice made below.

- ☐ We permit the SJICF to use the fund name in its general Foundation materials (brochures etc).
- ☐ We wish to be only included in SJICF Annual Report Funds list.
- ☐ We wish to remain anonymous.

CERTIFY YOUR ORGANIZATION'S NONPROFIT (501 (c3)) STATUS

☐ We have attached a copy of our IRS 501 (c3) determination letter and certify by our signature below that that status is current and in force.

SELECT A SPENDING POLICY

All funds and all distributions from funds established at The San Juan Island Community Foundation are subject to The San Juan Island Community Foundation's variance power as described in the "Fund Terms & Conditions" attached hereto. Nonprofits may, however, make non-binding recommendations that the fund be managed as a permanent endowment or paid out from both earnings and principal. Endowed Funds are subject to the SJICF Spending Policy attached hereto. Endowed Funds normally receive an annual distribution of net earnings at a rate based upon the SJICF Spending Policy or at such rate determined to best insure the preservation of principal.

Please indicate your distribution recommendations below.

- ☐ Impose no restriction on distribution of principal. (Non-Endowed Option)
- ☐ Make distributions in a manner that will ensure permanent endowment. (Endowed Option)

(ENDOWED OPTION) PAYOUT DATE

Endowed Funds normally make an annual payout to the selected nonprofit(s) based upon the SJICF Spending Policy. Payouts are made at the end of a calendar quarter. Endowed Funds must be in place for a minimum of one year before the first payout. Please select your desired payout date:

Annual Payout Date: _____

SPECIAL INSTRUCTIONS (IF ANY)

Any specific requests regarding distributions or fund management must be specifically discussed with an officer of the SJICF and mutually agreed to as indicated and initialed below. If you wish to make further restrictions on payouts, please indicate here.

(Nonprofit Officer Initials)

(SJICF CEO Initials)

DESIGNATE THE FUND ADVISOR(S)

This is usually an officer of the nonprofit corporation who has legal authority to sign for the corporation. The advisor(s) will be authorized to request changes to this agreement. Please attach an authorizing resolution of your Board of Directors.

Officer Name(s) _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____

Email(s) _____

☐ We authorize the San Juan Island Community Foundation to share information about the fund with this/these advisor(s).

☐ We authorize this/these advisor(s) to request changes in the terms of this Fund.

DESIGNATE A PROFESSIONAL ADVISOR (IF APPLICABLE)

Is the organization working with a professional advisor? ☐ Yes ☐ No

If "yes", what type: ☐ Attorney ☐ CPA ☐ Financial Planner ☐ Other _____

Name(s) _____

Company Name _____

Mailing Address _____

City _____

State _____

Zip _____

Phone _____

Email _____

☐ We authorize the San Juan Island Community Foundation to share information about our Fund with this advisor.

☐ We authorize this Professional Advisor, with whom we have executed a limited power of attorney, to request changes in the terms of this Fund.

CONTRIBUTE TO THE FUND

Nonprofit Funds are subject to fees and annual fee minimums. Please refer to the current SJICF Administrative & Investment Fees document which is available from the Foundation office.

We hereby assign to the San Juan Island Community Foundation the following described property:

Cash in the amount of _____

Publicly traded securities _____

Other _____

COMPLETE THE APPLICATION

Thank you for your partnership with the San Juan Island Community Foundation. The Foundation is a 501(c)(3) organization. Contributions to this fund by your donors are tax-deductible as allowed by law.

We agree to the terms and conditions set forth herein.

We have read the following documents (all available from the Foundation office), understand and agree to the provisions therein, and have attached each of them to this application.

- ☐ SJICF Fund Management Policies
- ☐ SJICF Fund Terms and Conditions
- ☐ SJICF Fund Administration Fees
- ☐ SJICF Statement of Investment Policy & Objectives
- ☐ SJICF Spending Policy

Authorized Nonprofit Signature(s) _____

Date _____

ACCEPTED BY THE FOUNDATION:

SJICF CEO Signature _____

Date _____