



# New Canaan Community Foundation, Inc.



## Establish a Fund Questionnaire

**SECTION 1: Name Your Fund** Donors have the privilege of naming their fund. Grants made from a fund to a non profit organization are accompanied by a letter which includes the fund name (e.g., "The Smith Family Fund) and the name of the Donor(s) recommending the grant, unless anonymity is requested (see below).

|           |
|-----------|
| Fund Name |
|-----------|

### Type of Fund

- Donor Advised Fund
- Designated Fund
- Field of Interest Fund
- Board Designated Fund
- Memorial Fund
- Scholarship/Award Fund

(If you are interested in other types of funds not listed here, please call NCCF at (203) 966-0231)

**Please indicate if your Fund will be Endowed (permanent) \_\_\_\_\_ or Non-Endowed \_\_\_\_\_**

### SECTION 2: Donor/Founder Information

Reports will be sent to the donor(s) listed below.

| Donor/Founder 1  | Donor/Founder 2  |
|--|--|
| Name   | Name   |
| Street Address   | Street Address   |
| City                      State                      Zip                                 | City                      State                      Zip                                 |
| Home Phone                      Fax<br>(     )                      (     )              | Home Phone                      Fax<br>(     )                      (     )              |
| E-mail   | E-mail   |
| <input type="checkbox"/> Please check here if you want to receive your reports by email  | <input type="checkbox"/> Please check here if you want to receive your reports by email  |
| Company Name   | Company Name   |
| Title  | Title  |
| Business Phone                      Business Fax<br>(     )                      (     ) | Business Phone                      Business Fax<br>(     )                      (     ) |
| Donor 2 relationship to Donor 1:   |  |

**How would you like to be addressed?** e.g., Dr. and Mrs. John Jones, Sandra and John Jones, etc. This will appear on foundation correspondence and acknowledgements.

|            |
|------------|
| Salutation |
|------------|

**SECTION 4: Grant and Community Acknowledgment**

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| Do you (as Donor) wish to remain anonymous?<br><br>(please circle one)    Yes    No |
|---|

|  |
|--|
| May we list your Fund's name in NCCF publications? (Newsletters, Annual Reports, etc.)<br><br>(please circle one)    Yes    No |
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| Would you like grant recipients to know that your Fund is the source of the grant?<br><br>(please circle one)    Yes    No |
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**SECTION 5: Donor-Advised Fund Information:** Use this section only if you are establishing a donor advised fund. Please note that Advisor 1, and the fund donors (if different), will be the main contact for the Foundation unless otherwise directed.

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| <p><b><u>Fund Advisors will be:</u></b> Please list all advisors, including donors.</p> <p>1) NAME: _____ PHONE: _____<br/>ADDRESS: _____<br/>EMAIL: _____</p> <p>2) NAME _____ PHONE: _____<br/>ADDRESS _____<br/>EMAIL: _____</p> <p>3) NAME _____ PHONE: _____<br/>ADDRESS: _____<br/>EMAIL: _____</p> <p>4) NAME _____ PHONE: _____<br/>ADDRESS: _____<br/>EMAIL: _____</p> <p>_____ Please check here if additional Advisor sheets are attached</p> |
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**SECTION 5B: Successor Election** Use this section only if you are establishing a donor-advised fund. (OPTIONAL)  
 Donors may elect individuals as successor advisors to the Fund. Founders of donor-advised funds may name one generation to succeed them as advisors. The successor information may be amended by a donor by communicating the change in writing to NCCF. Please refer to the NCCF Fund Policies for details.  
 (Please attach any additional sheets if necessary.)

**Successor Individual(s) Information:**

| Successor 1 Information  | Successor 2 Information  |
|--------------------------|--------------------------|
| Name                     | Name                     |
| Mailing Address          | Mailing Address          |
| City State Zip           | City State Zip           |
| Home Phone<br>( )        | Home Phone<br>( )        |
| Business Phone<br>( )    | Business Phone<br>( )    |
| E-mail                   | E-mail                   |
| Date of Birth            | Date of Birth            |
| Relationship to Donor(s) | Relationship to Donor(s) |

\_\_\_\_\_ Please check here if additional Successor sheets are attached

**SECTION 6: Designated Fund Information:** *Use this section only if you are establishing a designated fund.*

This fund is to support the programs of the following charitable organization(s) that has 501(c)(3) status and is not a private foundation: (please include organization name and address and percent of annual payout to be applied to each). A copy of the organization's 501(c)(3) form must be on file at the Foundation's office before a grant can be awarded.

| <u>% of Annual Distribution</u> | <u>Name and Address of Organization</u> |
|---------------------------------|---|
| _____ %                         | _____                                   |
| _____ %                         | _____                                   |
| _____ %                         | _____                                   |
| _____ %                         | _____                                   |
| _____ %                         | _____                                   |
| 100%                            |   |

**SECTION 7: Field of Interest Funds:** *Please select the field of interest for your fund*

Please choose one or more of the following:

- |  |   |
|--|---|
| <input type="checkbox"/> New Canaan-Based Grants | <input type="checkbox"/> Health           |
| <input type="checkbox"/> Women & Girls           | <input type="checkbox"/> Arts and Culture |
| <input type="checkbox"/> Education               | <input type="checkbox"/> Youth            |
| <input type="checkbox"/> Environment             | <input type="checkbox"/> Special Needs    |
| <input type="checkbox"/> Other (specify): _____  |   |

**SECTION 8: Please describe the type of program(s) that you would like to support with your fund:**

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**SECTION 9: Memorial Fund Information:** Use this section only if you are establishing a memorial fund.

Fund is in Memory of : \_\_\_\_\_  
(please list individual, family or group)

**SECTION 10: Scholarship or Award Fund:** Please describe the criteria for the scholarship or award and note who will be making the selection:

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**SECTION 10: Please note the organizations or purposes the fund assets should be distributed to in the event that the Community foundation ceases to be a qualified charitable organization.**

**Organization(s):** \_\_\_\_\_

\_\_\_\_\_

**Purpose(s):** \_\_\_\_\_

\_\_\_\_\_

**SECTION 11: Contribution:** Funds may be established with a gift of \$10,000 or more.

**To contribute by check:**

Check: \$ \_\_\_\_\_ (Made payable to: New Canaan Community Foundation)

**To contribute stock certificates (held in personal possession):** (Please call the office at 966-0231 for stock transfer instructions)

|                                       |                                       |
|---------------------------------------|---------------------------------------|
| Name of Stock                         | Name of Stock                         |
| Number of Shares                      | Number of Shares                      |
| Approximate Dollar Amount<br>\$ _____ | Approximate Dollar Amount<br>\$ _____ |

**To contribute securities held at a financial firm:** (Please call the office at 966-0231 for transfer instructions)

|   |   |
|---|---|
| Firm Name   |   |
| Broker Name   |   |
| Broker's Phone  |   |
| Name of Security  |   |
| Number of Shares      Approximate Dollar Amount<br>\$ _____ | Number of Shares      Approximate Dollar Amount<br>\$ _____ |

**SECTION 12: Please note any special instructions for this fund:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature(s)** I/we acknowledge that I/we have read the applicable NCCF Fund Policies and agree to the terms and conditions described therein, including the provisions of Variance Power. I/we understand that any contribution, once accepted by the Board of Directors of NCCF, represents an irrevocable contribution to New Canaan Community Foundation, Inc. and is not refundable to me. I/we hereby certify that to the best of my knowledge all information presented in connection with this form is accurate and I/we will notify NCCF promptly of any changes.

Once a completed questionnaire is received, a formal Agreement will be drawn up to fully establish the Fund.

|                   |      |
|-------------------|------|
| Donor 1 Signature | Date |
| Donor 2 Signature | Date |

**Please return to:**

New Canaan Community Foundation, Inc 111 Cherry Street New Canaan, CT 06840 Phone: (203) 966-0231