

**NONPROFIT ORGANIZATION DESIGNATED FUND AGREEMENT**

Thank you for choosing Rose Community Foundation as your partner in philanthropy.

**Name of Fund:** \_\_\_\_\_ (the "Fund")

Please note that the Fund name will often be listed in Rose Community Foundation publications unless you request anonymity for the Fund.

**Amount of Contribution (for new funds only):** Please indicate the amount of your initial contribution and how it will be paid. Additional contributions to the Fund may be made by the Nonprofit Organization at any time.

\_\_\_\_\_ (\$10,000 minimum)

Amount (or estimate)

- Check or cash
- Marketable securities
- Other \_\_\_\_\_

**Nonprofit Organization Information:**

Name \_\_\_\_\_  
(the "Nonprofit Organization")

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Executive Director/Chief Executive Officer \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Chair of the Board \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

**Distributions:** The Fund is established solely to support the operations of the Nonprofit Organization. Distributions from the Fund of income or principal or both will be made to the Nonprofit Organization in accordance with the following:

*Amount:* Please indicate the total amount of distributions that should be made each year from the Fund

- Distribute a specific amount: \$ \_\_\_\_\_
- Distribute \_\_\_\_\_ % of the value of the assets of the Fund
- Upon request

*Timing:* Please indicate how often distributions should be made from the Fund:

- Quarterly
- Annually
- Upon request

Please Note: If you checked “Upon request” in either of the above sections, requests for distribution from the Fund must follow the process described in the attached Nonprofit Organization Designated Fund Guidelines.

**Investment Options (for new funds only):** Nonprofit Organizations establishing a nonprofit organization designated fund may choose how the Fund will be invested and may change the fund allocation on an annual basis. Please select an option below.

- Use Rose Community Foundation’s Asset Allocation
- Allocate funds to pools as follows:

<i>Equity Pool</i>	_____	%
<i>Fixed Income Pool</i>	_____	%
<i>Money Market Pool</i>	_____	%
<i>Total</i>		<i>100%</i>

**Acknowledgement and Signatures:** On behalf of the Nonprofit Organization, I acknowledge that I have read the Rose Community Foundation Nonprofit Organization Designated Fund Guidelines (attached hereto and incorporated herein by this reference) and the Nonprofit Organization agrees to the terms and conditions set forth therein.

\_\_\_\_\_  
Name of Nonprofit Organization

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: Executive Director/CEO  
Date: \_\_\_\_\_

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: Chair of the Board  
Date: \_\_\_\_\_

**Acceptance:** Thank you for choosing Rose Community Foundation. We look forward to being your partner in philanthropy.

Rose Community Foundation

\_\_\_\_\_  
By: Lindy Eichenbaum Lent, President and CEO

\_\_\_\_\_  
Date