Catholic Community FOUNDATION OF MINNESOTA

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 your completed application to Donor Operations Manager Lisa Haemmerle.

MAIL
Catholic Community Foundation
Attn: Lisa Haemmerle
Court West Suite 500
2610 University Avenue West
St. Paul, MN 55114

EMAIL
haemmerlel@ccf-mn.org

FAX
651-389-0650

Questions? Call us at 651-389-0300.

1. DONOR INFORMATION

FOUNDING DONOR ADVISOR 1

☐ MR. ☐ MRS. ☐ MS. ☐ DR. ☐ REV. OTHER

FIRST	MIDDLE INITIAL	LAST
MAILING ADDRESS		
CITY	STATE	ZIP
HOME PHONE	WORK PHONE	CELL PHONE

Which is your preferred number? ☐ HOME ☐ WORK ☐ CELL

EMAIL ADDRESS*	DATE OF BIRTH
PARISH	
COMMUNITY INVOLVEMENT *(e.g., board and volunteer service, alma mater, organizations to which you belong)*	

What is your preferred method of communication? ☐ PHONE ☐ EMAIL

FOUNDING DONOR ADVISOR 2 (OPTIONAL)

☐ MR. ☐ MRS. ☐ MS. ☐ DR. ☐ REV. OTHER

FIRST	MIDDLE INITIAL	LAST
MAILING ADDRESS		
CITY	STATE	ZIP
HOME PHONE	WORK PHONE	CELL PHONE
EMAIL ADDRESS*		DATE OF BIRTH
RELATIONSHIP TO DONOR 1		
PARISH		
COMMUNITY INVOLVEMENT *(e.g., board and volunteer service, alma mater, organizations to which you belong)*		

** Please note that an email address is required to receive fund-specific communications.*

2. COMMUNICATION PREFERENCES

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

Who should be listed as the primary contact?

Please indicate your preferred type of access on the DonorSphere portal.* ☐ INDIVIDUAL ☐ JOINT

**Please note that joint profiles will be created using the email address of the primary contact.*

Would you like to be added to the CCF email list and receive the latest news and updates?** ☐ YES ☐ NO

*** Please note this communication is separate from fund-related updates.*

How did you hear about the Catholic Community Foundation of Minnesota?

REFERRED BY:

☐ WEB SEARCH ☐ SOCIAL MEDIA

☐ MAGAZINE / NEWSPAPER ☐ EVENT ☐ PARISH

☐ PROFESSIONAL ADVISOR ☐ RADIO OTHER:

3. FUND OPTIONS

What would you like to name your fund? You have the privilege of naming your fund for yourself, your family, or a broad charitable purpose (e.g., Jones Family Fund; Saint Gabriel Fund).

When CCF mails your grants, checks are accompanied by a letter that explains the grant purpose and any restrictions. CCF also recognizes our donors in our annual report, listing fund names. CCF will never share any information related to your fund without your express consent.

Would you like your fund's name to remain anonymous?

☐ **YES** ☐ **NO**

By checking **YES**, your fund's name will not be included in the list of funds in our Annual Report and will not be included on the letter to the Grantee with the grant check. Either way, for each grant, you can choose whether to include your name(s) and/or address on the letter. If you check **YES** above, the default will be not to show your name(s) and address.

What type of fund would you like to establish? Visit www.ccf-mn.org/give to learn more about each fund type.

☐ **DONOR ADVISED FUND (DAF)**
☐ **DONOR DESIGNATED FUND (DDF)**
☐ **ENDOWED DONOR ADVISED FUND**
☐ **ENDOWMENT FUND**

How much do you anticipate your initial gift will be? $

What asset(s) will constitute your initial gift? (e.g., cash/check, securities, etc.)

4. INVESTMENT POOL ALLOCATION (DAF/DDF ONLY)

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**	*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.*
%	**Intermediate-Term Pool for Conservative Growth**	*This pool 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.*
%	**Long-Term Pool for Balanced Growth**	*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.*
%	**Passive Pool for Growth**	*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.*

NOTE: All endowment funds are fully invested in Long-Term Pool for Balanced Growth.

5. ADDITIONAL ADVISORS AND SUCCESSOR ADVISORS (OPTIONAL)

You may name family or non-family persons as **additional advisors** to your fund. Additional advisors can view fund information, but they cannot recommend grants without express 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.

ADVISOR 1

FIRST	MIDDLE INITIAL	LAST
MAILING ADDRESS		
CITY	STATE	ZIP
PHONE	RELATIONSHIP TO DONOR	
EMAIL ADDRESS*		DATE OF BIRTH

☐ This person shall be a successor advisor and take over the fund upon the death of the last founding advisor.

ADVISOR 2

FIRST	MIDDLE INITIAL	LAST
MAILING ADDRESS		
CITY	STATE	ZIP
PHONE	RELATIONSHIP TO DONOR	
EMAIL ADDRESS*		DATE OF BIRTH

☐ This person shall be a successor advisor and take over the fund upon the death of the last founding advisor.

ADVISOR 3

FIRST	MIDDLE INITIAL	LAST
MAILING ADDRESS		
CITY	STATE	ZIP
PHONE	RELATIONSHIP TO DONOR	
EMAIL ADDRESS*		DATE OF BIRTH

☐ This person shall be a successor advisor and take over the fund upon the death of the last founding advisor.

* Please note that an email address is required to receive fund-specific communications.

6. CREATE A LEGACY OF GENEROSITY

It's important for us to know your long-term plans and wishes for your fund so that we can help carry out your philanthropic legacy.

Please indicate when you would like your fund to terminate (not applicable for endowed funds):

☐ Upon death of last living donor or successor advisor.

☐ After 40 years or upon death of last living advisor, whichever comes first.

Please indicate how you would like any remaining assets to be distributed upon termination of your fund.

salt & light fund

The Salt & Light Fund of the Catholic Community Foundation 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 to CCF's Salt & Light Fund.** Any or all of the remaining assets may be given to the Salt & Light Fund. *(DAF only)*

Please indicate the percentage you wish to distribute to CCF's Salt & Light Fund: _____ %

☐ **Distribute to designated charities.** One or more beneficiaries (DAF) may be selected to directly receive any portion of the remaining assets, or the named beneficiary (DDF) may receive any portion of the remaining assets immediately upon termination of the fund.

Designated Organization	Proportionate Share of Annual Distributions
NAME: ADDRESS: RESTRICTION OR DESIGNATION (IF ANY):	%
NAME: ADDRESS: RESTRICTION OR DESIGNATION (IF ANY):	%
NAME: ADDRESS: RESTRICTION OR DESIGNATION (IF ANY):	%

Section 6 continues on the next page.

☐ **Distribute to an existing endowment at CCF.** Any or all of the remaining assets may be distributed to an existing endowment fund at CCF (e.g., parish or school endowment fund). *DAF only.*

Designated Endowment	Asset Allocation
NAME OF ENDOWMENT FUND:	%
NAME OF ENDOWMENT FUND:	%
NAME OF ENDOWMENT FUND:	%

☐ **Convert to endowment.** A fund with assets of $50,000 or greater can be converted to an **endowment**. One or more beneficiaries (DAF) may be selected to receive an annual distribution from the endowment, or the named beneficiary (DDF) will 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.

Designated Organization	Proportionate Share of Annual Distributions
NAME: ADDRESS: RESTRICTION OR DESIGNATION (IF ANY):	%

NAME: ADDRESS: RESTRICTION OR DESIGNATION (IF ANY):	%
NAME: ADDRESS: RESTRICTION OR DESIGNATION (IF ANY):	%
NAME: ADDRESS: RESTRICTION OR DESIGNATION (IF ANY):	%

7. FINANCIAL ADVISOR(S) (OPTIONAL)

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

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

NAME	
COMPANY	
PHONE	EMAIL