



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

<input type="checkbox"/> MR.	<input type="checkbox"/> MRS.	<input type="checkbox"/> MS.	<input type="checkbox"/> DR.	<input type="checkbox"/> REV.	<input type="text"/> OTHER	
FIRST		MIDDLE INITIAL		LAST		
MAILING ADDRESS						
CITY			STATE		ZIP	
HOME PHONE		WORK PHONE			CELL PHONE	
Which is your preferred number? <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL						
EMAIL ADDRESS*					DATE OF BIRTH	
PARISH						
COMMUNITY INVOLVEMENT <i>(e.g., board and volunteer service, alma mater, organizations to which you belong)</i>						

What is your preferred method of communication? PHONE EMAIL

FOUNDING DONOR ADVISOR 2 (OPTIONAL)

<input type="checkbox"/>	MR.	<input type="checkbox"/>	MRS.	<input type="checkbox"/>	MS.	<input type="checkbox"/>	DR.	<input type="checkbox"/>	REV.	<input type="checkbox"/>	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 <i>(e.g., board and volunteer service, alma mater, organizations to which you belong)</i>											

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

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?

2. 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.

Can we include your name(s) and mailing address in the letters we send with your grants?

YES. YOU MAY SHARE MY/OUR NAME(S) AND ADDRESS. **NO.** WE PREFER TO REMAIN ANONYMOUS.

Can we include your fund name in the letters we send with your grants and in our annual report? If you checked “no” above and your name is in your fund name, we will automatically exclude your fund name from the letter and annual report.

YES. YOU MAY INCLUDE MY/OUR FUND NAME. **NO.** PLEASE DO NOT SHARE MY/OUR FUND NAME.

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)
\$10,000 minimum initial gift. You may direct grants of \$200 or more at any time to different ministries and charities. A minimum balance of \$2,500 must be maintained.

ENDOWED DONOR ADVISED FUND
\$50,000 minimum initial gift. A portion of your fund balance is distributed annually. You can recommend grants to different ministries and charities each year. *Please complete the table under "Convert to Endowment" in section 5 below.*

DONOR DESIGNATED FUND (DDF)
\$10,000 minimum initial gift. You name a single qualifying charity to benefit from your fund. This cannot be changed after your fund agreement is signed. You may direct grants of \$200 or more to the designated beneficiary at any time. QCDs from IRAs can be made to this fund type. A minimum balance of \$2,500 must be maintained.

ENDOWMENT FUND
\$50,000 minimum initial gift. A portion of your fund balance is distributed annually to beneficiaries that you predetermine. You may change beneficiaries through an amendment to your endowment fund agreement. *Please complete the table under "Convert to Endowment" in section 5 below.*

How much do you anticipate your initial gift will be?

\$

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

Every fund at the Catholic Community Foundation of Minnesota (CCF) is assessed two types of fees:

- 01 Administrative fees** cover the costs to administer your fund. Fees are assessed quarterly on the monthly average balance of your fund.
- | | |
|--|---------------------|
| Donor Advised Fund or Donor Designated Fund | Endowed Fund |
| \$250 or 1.0% | 1.0% |
- 02 Investment management fees** are assessed separately and vary by investment pool. These fees fluctuate slightly depending on current holdings. The most recent investment management fees can be found in the footnotes of each pool's [quarterly performance reports](#). Investment fees are not charged separately; rather, quarterly investment performance is reported net of fees.

3. 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.

<input style="width: 60px; height: 25px;" type="text"/> %	Short-Term Pool for Liquidity	<i>Designed to keep pace with inflation and provide money market-like returns, our short-term pool is best used for preservation of charitable capital.</i>
<input style="width: 60px; height: 25px;" type="text"/> %	Intermediate-Term Pool for Conservative Growth	<i>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.</i>
<input style="width: 60px; height: 25px;" type="text"/> %	Long-Term Pool for Balanced Growth	<i>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.</i>
<input style="width: 60px; height: 25px;" type="text"/> %	Passive Pool for Growth	<i>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.</i>

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

4. 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.

5. 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.

- Distribute to CCF's Legacy Fund.** Any or all of the remaining assets may be given to CCF's Legacy Fund. The Legacy Fund at CCF provides ongoing financial support for the needs of our Catholic community now and forever. Your gift to the Legacy Fund will increase CCF's capacity to respond to urgent, emerging needs within our community. *DAF only.*

Please indicate the percentage you wish to distribute to CCF's Legacy Fund: %

- 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.

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):	%

- 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. *Please indicate the designated charities on the next page.*



Designated Organization	Portion of Fund to Distribute
NAME: ADDRESS: RESTRICTION OR DESIGNATION (IF ANY):	%
NAME: ADDRESS: RESTRICTION OR DESIGNATION (IF ANY):	%
NAME: ADDRESS: RESTRICTION OR DESIGNATION (IF ANY):	%

6. 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

7. HOW DID YOU HEAR ABOUT US?

<input type="checkbox"/> REFERRED BY: <input style="width: 300px;" type="text"/>	<input type="checkbox"/> WEB SEARCH	<input type="checkbox"/> SOCIAL MEDIA
<input type="checkbox"/> MAGAZINE / NEWSPAPER	<input type="checkbox"/> EVENT	<input type="checkbox"/> PARISH
<input type="checkbox"/> PROFESSIONAL ADVISOR	<input type="checkbox"/> RADIO	<input type="checkbox"/> OTHER: <input style="width: 200px;" type="text"/>