



COMMUNITY FOUNDATION  
OF LOUISVILLE

# AUTHORIZATION FORM

## CHARITABLE CHECKING FUND

### Groups

Date: \_\_\_\_\_

I. Please open a fund in The Community Foundation of Louisville Corporate Depository, Inc. for:

Fund Name: \_\_\_\_\_

II. *Quarterly reports and other Foundation mailings will be sent to the contact below:*

Main Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

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

Preferred Phone: \_\_\_\_\_  Home  Business  Cell

E-mail: \_\_\_\_\_ Date of Birth : \_\_\_\_\_

*Additional copies of Quarterly reports and other Foundation mailings should be sent to:*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Preferred Phone: \_\_\_\_\_  Home  Business  Cell

E-mail: \_\_\_\_\_ Date of Birth : \_\_\_\_\_

The Foundation DOES NOT have permission to list the fund name in Foundation marketing materials (annual report, newsletter, website, etc.)

III. The following persons are authorized to make distributions from this fund. The number of people that must authorize any distribution is \_\_\_\_\_ (*Required: two or more signatures*)

Authorized Signer: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

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

Preferred Phone: \_\_\_\_\_  Home  Business  Cell

E-mail: \_\_\_\_\_ Date of Birth : \_\_\_\_\_

Signature: \_\_\_\_\_

Authorized Signer: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

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

Preferred Phone: \_\_\_\_\_  Home  Business  Cell

E-mail: \_\_\_\_\_ Date of Birth : \_\_\_\_\_

Signature: \_\_\_\_\_

Authorized Signer: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Preferred Phone: \_\_\_\_\_  Home  Business  Cell  
E-mail: \_\_\_\_\_ Date of Birth : \_\_\_\_\_  
Signature: \_\_\_\_\_

Authorized Signer: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Preferred Phone: \_\_\_\_\_  Home  Business  Cell  
E-mail: \_\_\_\_\_ Date of Birth : \_\_\_\_\_  
Signature: \_\_\_\_\_

- IV. Distributions can be made to any IRS-approved public charity in the United States. Distributions may be made weekly.
- V. If the group establishing the Charitable Checking Fund should dissolve or cease to exist, any remaining fund balance will be distributed to the Fund for Louisville within the following twelve months, unless otherwise designated in the Letter of Final Disposition.
- VI. Please consult the Community Foundation of Louisville's Donor Initiated Fundraising Guidelines before planning any fundraising events for this Charitable Checking Fund as restrictions apply.

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_



# LETTER OF FINAL DISPOSITION CHARITABLE CHECKING FUND

The Community Foundation of Louisville Corporate Depository, Inc.

Date: \_\_\_\_\_

Please accept this letter as our instructions to The Community Foundation of Louisville Corporate Depository, Inc., for the disposition of the remaining balance in our Corporate Charitable Checking Fund in the event of our deaths. We understand that all distributions must be distributed to IRS-approved, public charitable organizations.

*Specific Distribution Instructions for all Funds.*

Please distribute any balance remaining in my/our Charitable Checking fund to the charitable organizations listed below and in the percentages indicated. If no charities are named, or if the fund balance is less than \$100, the assets of the fund will be distributed to the Fund for Louisville of the Foundation.

\_\_\_\_\_ % of the fund to \_\_\_\_\_  
*(name of charitable organization)*

\_\_\_\_\_ % of the fund to \_\_\_\_\_  
*(name of charitable organization)*

\_\_\_\_\_ % of the fund to \_\_\_\_\_  
*(name of charitable organization)*

\_\_\_\_\_ % of the fund to \_\_\_\_\_  
*(name of charitable organization)*

\_\_\_\_\_ % of the fund to the Fund for Louisville of the Community Foundation of Louisville, Inc.

\_\_\_\_\_ % of the fund to the General Unrestricted Endowment of the affiliate foundation in the following area:

- |   |  |
|---|--|
| <input type="checkbox"/> Shelby County                    | <input type="checkbox"/> Nelson County |
| <input type="checkbox"/> Green River area                 | <input type="checkbox"/> Oldham County |
| <input type="checkbox"/> Wilderness Trace area (Danville) |  |

\_\_\_\_\_ % to add to my existing permanent fund in The Community Foundation of Louisville, the \_\_\_\_\_ Fund.

\_\_\_\_\_ % to establish a new permanent fund in The Community Foundation of Louisville to be named the \_\_\_\_\_ Fund (\$25,000 minimum).

Attached is a separate letter with detailed instructions for distributions to charitable organizations.

Please make this letter part of our Corporate Charitable Checking Fund file to be used if needed. We understand that these instructions may be changed at any time by a new letter to the file.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature



## **DONOR-INITIATED FUNDRAISING GUIDELINES**

The Community Foundation of Louisville (Foundation) is pleased to work with donors to develop their component funds. Some individual donors, or organizations that are not classified as IRS-approved 501(c)(3) charities, may wish to organize special fundraising events to raise money for a particular component fund.

The Foundation is legally responsible for all fundraising undertaken on its behalf, and the Foundation, as well as the donor, can face serious penalties if procedures are not established and carefully followed. Therefore, the following guidelines apply to special event fundraising activities for component funds within the Foundation.

If you are considering a fundraising event, solicitation or project of any kind, we request that you discuss your plans with the Community Foundation in advance. Please contact Kate Biagi-Rickert at 502.855.6942 or [katebr@cflouisville.org](mailto:katebr@cflouisville.org).

### **A. Foundation Approval of Events**

The fundraising group must submit the attached Fundraising Application at least 30 days prior to the fundraising event. Advance written approval from the Community Foundation is required.

All uses of the Foundation's name in advertising and promotion must be approved in advance. All fundraising materials should indicate that funds are being raised on behalf of rather than by the Foundation.

The Foundation may assess an administrative fee agreed upon by both parties in advance to defray the cost of additional services required by the event.

You are not authorized to bind the Foundation to any contract or agreement unless specifically authorized in writing.

### **B. Payment of Expenses**

The fundraising group will be responsible for all expenses and will maintain appropriate financial controls and records related to fundraising events. Prior to the event, it will be determined whether the expenses will be paid by the Foundation or by the group. In all cases, the fundraising group must provide copies of invoices and receipts to the Foundation so that all record keeping and reporting responsibilities are fulfilled. The Foundation will not provide reimbursement of expenses to the fund's donors, advisors and related persons. Where appropriate, the foundation can provide tax

acknowledgements allowing donors to deduct reasonable expenses incurred in connection with a fundraiser.

### **C. Designation of Checks and Receipt of Cash**

Checks related to the event must be made payable to the Community Foundation of Louisville with the fund name in the memo line. Cash receipts are to be deposited intact. Checks and cash must be delivered to the Foundation within a reasonable amount of time after the conclusion of the fundraising event.

### **D. Tax Requirements and Acknowledgements**

The Foundation will provide the appropriate gift acknowledgement to the donors who contribute \$250 or more at the event provided the Foundation receives certain detailed information about the donors. The fundraising group must provide the Foundation with:

1. The donor's name and address
2. Date and amount of contribution
3. Whether the contribution was cash or property
4. If property, a description of the type of property and a good faith estimate of its fair market value
5. Detailed description of any goods and services provided in exchange for the contribution

If the fundraising group provides goods or services in exchange for a donation, certain disclosures are required so that donors are properly informed of the fair market value of any good or service received. For example, if the group is sponsoring a dinner, the donor can only deduct the excess of the ticket price above the fair market value of the dinner. This limitation is known as "a quid pro quo disclosure" and must be disclosed at the time of the solicitation. Disclosure on the event ticket or invitation is the preferred method.

The Foundation will work with the fundraising group in determining the fair market value amounts and the appropriate disclosure language prior to the event. The fundraising group needs to ensure that the required quid pro quo disclosures are made.

### **E. Charitable Gaming**

Charitable gaming in The Commonwealth of Kentucky is regulated by the Department of Charitable Gaming. Charitable gaming events on behalf of funds at the Foundation are prohibited and will not be approved. This includes but is not limited to bingo, charity game tickets, raffles and any form of gambling.

### **F. Liability Insurance and Liability for Losses**

The fundraising group will contact the Foundation prior to the event to assess the need to secure liability insurance. The Foundation will determine if liability insurance is required and the fundraising group is responsible for reimbursing the Foundation for the cost of the premium.

### **The Foundation's Responsibilities**

The Foundation will be responsible for:

- The management of money and property as it may accept into the component fund from donors, other contributors and sources
- The application of principal and income to charitable uses, in accord with the Foundation's governing documents
- Providing appropriate acknowledgements to donors

### **The Fundraising Group's Responsibilities**

The fundraising group will retain responsibility for all public fundraising events and matters relating to them, including:

- Payment of all costs and expenses
- Compliance with the laws
- Reporting and other requirements of every kind such as licensing, tax payment, and liability insurance covering the foundation

**Fundraising Event Application**

Please return this application to Kate Biagi-Rickert, Director of Stewardship at the Community Foundation at 502.855.6942 or katebr@cflouisville.org.

Fund Name: \_\_\_\_\_

Name of Fundraising Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Describe the fundraising event (include a detailed description of activities, number of participants expected, the fundraising group's experience in this type of fundraising event and any other information that will help us support your effort).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Attach an estimated budget including projected gross revenue from identified sources and projected expenses with name of vendor.

Net Fundraising Goal: \$ \_\_\_\_\_

Contact person: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Phone(s): \_\_\_\_\_

I / We agree to use all disclosures as instructed by the Community Foundation, to review all printed and promotional material with the Community Foundation staff before distribution and to submit detailed donor records along with all fundraiser proceeds and invoices. I / We have received a copy of the Donor-Initiated Fundraising Guidelines and agree to abide by the responsibilities as detailed in the document.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_