



**FUND AGREEMENT**  
*Donor Designated, Agency, FOI, Scholarship, and Unrestricted Funds*

Fund ID: (Finance Use Only)   
 Date: \_\_\_\_\_

<b>SECTION 1 - Fund Name</b>
Fund Name _____

<b>SECTION 2 - Type of Fund</b>	<i>Note: If you are opening an endowed fund, you agree to follow GNOF's grantmaking policy. If the fund balance falls below the historic gift balance, grantmaking may be suspended for one year. (See Section 15.)</i>
<input type="checkbox"/> Donor Designated <input type="checkbox"/> Field of Interest <input type="checkbox"/> Unrestricted <input type="checkbox"/> Agency <input type="checkbox"/> Scholarship	

<b>SECTION 3 - Time Frame</b>	<i>If Non-Endowed - Investment Preference:</i> <i>Fund Class</i>
<input type="checkbox"/> Endowed <input type="checkbox"/> Non-Endowed <input type="checkbox"/> Quasi-Endowed	<input type="checkbox"/> (82) Principal Preservation (GNOF retains money market earnings) _____ Est spend down period (Years) <input type="checkbox"/> (00, 20, 50) Foundation's Endowment Pool - min \$100k Fund Balance <i>( subject to market risk )</i>

<b>SECTION 4 - Contact Information</b>
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<b>Donor / Contact 1</b>	<b>PROFILE #</b>	
Relationship to fund: <input type="checkbox"/> Founder <input type="checkbox"/> Advisor <input type="checkbox"/> Receives Statement <input type="checkbox"/> Successor Advisor (See Section 7) <input type="checkbox"/> Other _____		
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other Name		
Home Mailing Address		
City	State	Zip
Home Phone	Cell	
( ) ( )	( ) ( )	
Company name		
Occupation		
Business Mailing Address		
City	State	Zip
Business Phone	Fax	
( ) ( )	( ) ( )	
E-mail		
Preferred Mailing Address <input type="checkbox"/> Home <input type="checkbox"/> Business		

<b>Donor / Contact 2</b>	<b>PROFILE #</b>	
Relationship to fund: <input type="checkbox"/> Founder <input type="checkbox"/> Advisor <input type="checkbox"/> Receives Statement <input type="checkbox"/> Successor Advisor (See Section 7) <input type="checkbox"/> ther _____		
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other Name		
Home Mailing Address		
City	State	Zip
Home Phone	Cell	
( ) ( )	( ) ( )	
Company name		
Occupation		
Business Mailing Address		
City	State	Zip
Business Phone	Fax	
( ) ( )	( ) ( )	
E-mail		
Preferred Mailing Address <input type="checkbox"/> Home <input type="checkbox"/> Business		

**SECTION 5 - Contribution**

Minimum establishing gift: Endowed Funds \$25,000  
 Non-Endowed Funds \$5,000

<input type="checkbox"/> Cash	\$ _____	<input type="checkbox"/> Life Insurance	_____
<input type="checkbox"/> Appreciated Assets	_____	<input type="checkbox"/> Real Estate	_____
<input type="checkbox"/> Bequest	_____	<input type="checkbox"/> Other	_____

**SECTION 6 - Communications / Grant & Community Acknowledgement**

How often would you like to receive Fund Statements? Quarterly  Annually

May we list your Fund's name in publications? (e.g. Website, Annual Reports, etc...) Yes  No

Would you like grant recipients to know that your Fund is the source of the grant? Yes  No

Would you like to sign up for our email newsletter? **Email:** Yes  No

**SECTION 7 - Referral Source**

Please tell us how you first heard about the Greater New Orleans Foundation.

<input type="checkbox"/> Friend or Associate	_____
<input type="checkbox"/> GNOF Employee	_____
<input type="checkbox"/> GNOF Board member	_____
<input type="checkbox"/> Attorney, CPA, Financial Planner, etc...	_____
<input type="checkbox"/> GNOF Website	_____
<input type="checkbox"/> Other	_____

**SECTION 8 - Professional Advisor**

The Greater New Orleans Foundation is currently expanding its Professional Advisors Network. Are there any names you would like to share with us?

Name \_\_\_\_\_ Address \_\_\_\_\_

Company \_\_\_\_\_ Telephone / E-Mail \_\_\_\_\_

**SECTION 9 - Administration**

The Foundation hereby reaffirms that it will administer this Fund in accordance with the terms and conditions set forth by this agreement. The guidelines and procedures for the administration of such funds are described in the Foundations governing instruments, including its Articles of Incorporation, By-laws, and Polices in effect and as amended from time to time. The Foundation will assess a reasonable fee to administer this Fund in accordance with its current Fee structure, as may be amended from time to time. At present the Fee structure is:

Fund Balance	Fee <sup>1</sup>	Funds <sup>2</sup>	Fee	Funds
Up to \$1,000,000	1.00%	} Donor Advised Field of Interest Unrestricted	0.50%	} Designated Agency
\$1,000,001 - \$3,000,000	0.75%		0.40%	
Over \$3,000,000	0.60%		0.30%	

- 1 In addition to the fees assessed above and in an effort to recoup its costs, the Foundation will retain the earnings on all Non-Endowed Funds that are not part of the Foundation's Endowment Pool
- 2 Scholarship Funds will be assessed fees based on the work required by the Foundation
- 3 The Foundation charges a minimum annual fee of \$125 on all Donor Designated funds and \$250 on all Field of Interest Funds. This fee may be pro-rated for funds open less that one year.

**Inactivity:** In an effort to further the charitable work of our Donors and the Foundation, any Fund that is inactive for five years shall revert to a named fund within the Foundation's unrestricted endowment pool. This will enable the Foundation to grant available dollars to the Community.

**SECTION 10 - Fund Type Details (Complete only one section)**

**10A Agency Fund**

Annual payouts from the fund will be used to support the following 501(c)(3) public charities

100 % \_\_\_\_\_

**10B Designated Fund**

Annual payouts from the fund will be used to support the following 501(c)(3) public charities

\_\_\_\_\_ % \_\_\_\_\_

\_\_\_\_\_ % \_\_\_\_\_

\_\_\_\_\_ % \_\_\_\_\_

\_\_\_\_\_ % \_\_\_\_\_

100 % \_\_\_\_\_

*Note: the Designated Agency / Agencies cannot be changed once selected*

**10C Field of Interest**

Annual payouts from the fund will be used for competitive grants in the area of (choose one or more):

Area of Interest:

- |                         |                               |
|-------------------------|-------------------------------|
| _____ Animal Welfare    | _____ Health & Wellness       |
| _____ Arts & Culture    | _____ Housing                 |
| _____ Community Improv. | _____ Human & Social Services |
| _____ Education         | _____ Seniors                 |
| _____ Environment       | _____ Youth                   |
| _____ Food / Nutrition  | _____ Other:                  |

Geographic:

Parish \_\_\_\_\_

City \_\_\_\_\_

Other \_\_\_\_\_

**10D Scholarship**

The annual payout from the fund will be used for:

\_\_\_\_\_ A scholarship to support students at a specific school or program that has a public charity 501(c)(3) status

\_\_\_\_\_ Recipients will be selected by that program Name of Institution: \_\_\_\_\_

\_\_\_\_\_ The Community Foundation will convene a selection committee to select students based on criteria described in the attached materials.

**SECTION 11 - Supplemental Information**

<i>Children</i>	<i>Profile # (internal use only)</i>
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> Other	
Name _____	Age _____
Home Mailing Address _____	
City _____	State _____ Zip _____
Home Phone _____	Cell _____
( ) _____	( ) _____
Company name _____	
Occupation _____	
Business Mailing Address _____	
City _____	State _____ Zip _____
Business Phone _____	Fax _____
( ) _____	( ) _____
E-mail _____	
Preferred Mailing Address _____	
<input type="checkbox"/> Home	<input type="checkbox"/> Business

<i>Children</i>	<i>Profile # (internal use only)</i>
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> Other	
Name _____	Age _____
Home Mailing Address _____	
City _____	State _____ Zip _____
Home Phone _____	Cell _____
( ) _____	( ) _____
Company name _____	
Occupation _____	
Business Mailing Address _____	
City _____	State _____ Zip _____
Business Phone _____	Fax _____
( ) _____	( ) _____
E-mail _____	
Preferred Mailing Address _____	
<input type="checkbox"/> Home	<input type="checkbox"/> Business

**SECTION 12 - Partners in Philanthropy**

*It takes human and financial resources to help donors achieve their philanthropic goals and provide leadership on community needs and opportunities. A gift to the Partners in Philanthropy supports our infrastructure, secures our future, and sustains our mission to improve the quality of life in our region.*

A gift to Partners in Philanthropy is optional. I elect to give the following amount to the Fund and expect an annual invitation to renew:

\_\_\_\_\_ % of Establishing Gift     \$100     \$250     \$500     \$1,000     \$2,500     \$5,000     \$10,000     \$25,000    or more

Would you like a part of your contribution to go towards the Foundation's Endowment ?

Yes    If Yes:    \$ \_\_\_\_\_    % \_\_\_\_\_  
 No

**SECTION 13 - Interests**

Radio Stations listened to \_\_\_\_\_  
Websites visited \_\_\_\_\_  
TV / Cable watched regularly \_\_\_\_\_  
Publications / Subscriptions read \_\_\_\_\_

From time to time we learn of compelling giving opportunities from our non-profit partners.

Would you like to be notified about these opportunities?    Yes     No

We occasionally have programs for younger people.

Are you interested in getting your children involved in Philanthropy?    Yes     No

**SECTION 14 - Signature and Acknowledgement**

I acknowledge that all contributions once accepted by the Board of Trustees represent an irrevocable contribution to the Greater New Orleans Foundation and are not refundable to the Donor. I also understand that the Foundation, through its Board of Trustees, shall have the power to modify any restriction or condition on the distribution of funds for any specified charitable purposes or to specified organizations if in the sole judgment of the Board (without the approval of any trustee, custodian or agent), **such restriction or condition becomes, in effect, unnecessary, incapable of fulfillment or inconsistent with the needs of the community** or area served. I also understand that the Foundation, through its Board of Trustees, has the right to make the final decision regarding distributions from the Fund and has exclusive legal control over the contributed assets.

I hereby certify that to the best of my knowledge all information presented in connection with this form is accurate, and I will notify the Foundation promptly of any changes.

\_\_\_\_\_  
Donor / Contact 1 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Donor / Contact 2 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dr. G. Albert Ruesga, President & CEO  
The Greater New Orleans Foundation

\_\_\_\_\_  
Date

**SECTION 15 - Endowed Fund Spending Policy**

**ENDOWED FUND SPENDING POLICY**

As part of a total return investment objective, the Foundation utilizes a total return spending policy to allocate spendable grant balances. Absent an agreement to the contrary, this spending policy applies to all endowments held at the foundation.

The Board of Directors of the Greater New Orleans Foundation may appropriate for expenditure, for the uses and purposes for which an endowment fund is established, so much of the net appreciation, realized and unrealized, in the fair value of the assets of the fund over the historic dollar value of the fund as is prudent. Preserving the historic value best serves the long term objectives of endowments. An endowment fund is a fund, or any part thereof, which is not wholly expendable by the Foundation on a current basis under the terms of the applicable gift instrument (e.g., will, deed, grant, conveyance, agreement, memorandum or other governing document, including the terms of any Foundation solicitation from which a fund resulted) under which property is transferred to or held by the Foundation.

The Foundation shall maintain a record of the historic dollar value of each endowment fund. Historic dollar value means the fair value in dollars of an endowment fund at the time it first became an endowment fund plus the fair value in dollars of each subsequent donation to the fund at the time it is made. Absent an agreement to the contrary, if the fair value of an endowment fund on September 30<sup>th</sup> of any calendar year is less than that fund's historic dollar value, there will be no appropriation for the upcoming year.

In determining the amount of appropriation, the members of the Board of Directors shall exercise ordinary care and prudence under the facts and circumstances prevailing at the time of the action or decision, and in so doing, they shall consider, if relevant, all of the following factors:

- The duration and preservation of the endowment fund
- The purposes of the institution and the endowment fund
- General economic conditions
- The possible effect of inflation or deflation
- The expected total return from income and the appreciation of investments
- Other resources of the institution
- The investment policy of the institution

The Foundation takes into consideration some of the above factors by setting appropriate goals and objectives within the Foundation's Investment Policy. This policy is applied to the underlying investment portfolio, which is reviewed on a regular ongoing basis.

Investment management expenses and administrative fees of the Foundation shall be charged against ordinary income of each endowment fund, and not against the historic dollar value.

The current spending policy makes available on an annual basis **4% of the 12-quarter rolling average market value of the funds**. The cutoff for the calculation is September 30<sup>th</sup> of each year to enable staff to perform the calculations for the upcoming year. All new endowment funds must be invested for four (4) full quarters prior to December 31<sup>st</sup> of each year in order for any appropriation to be made available. If the donor would like to begin awarding grants prior to such time, the Foundation will permit the donor to make a contribution as a pass-through contribution to fund the first year's grant-making.

Exclusions to this policy include, but are not limited to funds which are not endowment funds as defined herein, pass-through funds, non-endowed donor funds and endowed funds which are required to reach a certain asset level or time limitation before grants can be made which have not reached such a level or time period or if there is an agreement to the contrary.

The Board of Directors shall review this policy annually, and it has the express authority to amend the policy at any time.

*I have read and agree to the Greater New Orleans Foundation's Endowed Fund Spending policy as outlined above .*

\_\_\_\_\_  
Donor / Contact 1 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Donor / Contact 2 Signature

\_\_\_\_\_  
Date

**SECTION 16 - Notes**