



ChAMP
DONOR ADVISED FUND APPLICATION

(Please Print)

1. SELECT DONOR(S)

Donor #1

Mr. Mrs. Ms. Miss Dr. Other:

Name (<i>First, Middle, Last</i>):	
Nickname (<i>If applicable</i>):	
Mailing Address	
City, State, Zip Code	
Employer:	Position:
Home Phone:	Business Phone:
Email Address:	Cell Phone:
Fax:	Date of Birth (<i>mm/dd/yyyy</i>):

Donor #2

Mr. Mrs. Ms. Miss Dr. Other:

Name (<i>First, Middle, Last</i>):	
Nickname (<i>If applicable</i>):	
Mailing Address (<i>If different from above</i>):	
City, State, Zip Code	
Employer:	Position:
Home Phone:	Business Phone:
Email Address:	Cell Phone:
Fax:	Date of Birth (<i>mm/dd/yyyy</i>):

How would you like to be addressed in fund correspondence? (e.g., Dr. and Mrs. John A. Smith; Joan and John Smith, etc.)

Check here if one of the donors listed above will serve as the Fund Main Contact (*The Fund Main Contact is the individual serving as the primary contact for all account communications*):
 Donor #1 Donor #2

Was the ChAMP investment option a key factor when deciding to make this gift? Yes No

2. Charitable Asset Management Partnership Account (ChAMP)

Important: Minimum balance of \$500,000 required

Advisory Firm Name
Advisor or Contact Name
Email Address
Main Business Phone
<p>The California Community Foundation has established the Charitable Asset Management Partnership (“ChAMP”) Program to allow certain investment advisors the opportunity to provide investment advisory and management services with respect to certain assets which have been allocated to certain types of funds. The Fund must have a minimum opening balance of \$500,000. The Foundation encourages balances greater than \$500,000 for Funds participating in the ChAMP Program given the higher investment management and administrative costs.</p>

3. NAME ADDITIONAL CONTACTS You may authorize individuals other than the Donors to serve as primary contact for the fund, receive duplicate statements, obtain information and/or perform transactions on your behalf. Attach additional sheets, if necessary.

Mr. Mrs. Ms. Miss Dr. Other: _____

Name (<i>First, Middle, Last</i>):	
Employer:	Position:
Mailing Address	
City, State, Zip Code	
Home Phone:	Business Phone:
Email Address:	Cell Phone:
Fax:	Date of Birth (<i>mm/dd/yyyy</i>):
<p>Relationship to Fund:</p> <p><input type="checkbox"/> Primary contact for all fund communications in lieu of donor(s) (<i>Fund Main Contact</i>) Should</p> <p><input type="checkbox"/> have rights to perform transactions on the donor’s behalf (<i>Signatory</i>) Should receive</p> <p><input type="checkbox"/> courtesy copies of quarterly activity statements (<i>Fund CC</i>)</p>	

Mr. Mrs. Ms. Miss Dr. Other:

Name (<i>First, Middle, Last</i>):	
Employer:	Position:
Mailing Address	
City, State, Zip Code	
Home Phone:	Business Phone:
Email Address:	Cell Phone:
Fax:	Date of Birth (<i>mm/dd/yyyy</i>):
Relationship to Fund: <input type="checkbox"/> Primary contact for all fund communications in lieu of donors (<i>Fund Main Contact</i>) Should <input type="checkbox"/> have rights to perform transactions on the donor's behalf (<i>Signatory</i>) Should receive <input type="checkbox"/> courtesy copies of quarterly activity statements (<i>Fund CC</i>)	

4. NAME YOUR FUND (e.g., Smith Family Foundation, Unicorn Foundation, etc.) Grants made to charities are accompanied by a letter which includes the Fund name, unless anonymity is specifically requested. (*Limit: 60 characters*)

5. DESIGNATE SUCCESSOR(S) What would you like to happen to your fund after you pass?
 Our External and Donor Relations staff is a resource for questions about the future use of your fund, structuring future family or successor advisor involvement and integrating your fund into your overall tax and estate plans. *If no successor is elected during your lifetime your fund will be turned into a Field of Interest fund reflecting your grantmaking history.* Your options as a fund holders are listed below.

I wish the fund to become part of CCF's ***Future of Los Angeles Fund***, supporting the most pressing charitable needs in communities throughout Los Angeles County. %



I wish to designate a **field of interest** (e.g. healthcare, animal welfare), **particular community** (e.g. San Gabriel Valley), **population** (e.g. at-risk youth), or **specific nonprofit organizations** to receive ongoing support from my fund. %

Please specify:

I wish to name the **following individual(s) as successor advisors*** to my fund: %

Mr. Mrs. Ms. Miss Dr. Other:

Name (<i>First, Middle, Last</i>):	
Relationship to Donor:	
Mailing Address	
City, State, Zip Code	
Home Phone:	Business Phone:
Email Address:	Cell Phone:
Fax:	Date of Birth (<i>mm/dd/yyyy</i>):

* Funds passed to a successor advisor are subject to our spending policy as described in the Charitable Fund Guidelines. If you wish to add more than one successor advisor, please attach an additional sheet of paper with the above information for each individual.

6. PHILANTHROPIC INTERESTS Please check all grantmaking issue areas that most interest you in relation to your fund and that you would be willing to support with your grants:

- Affordable Housing
- Aging
- Arts
- Basic Needs
- Civic Participation
- Disabilities
- Disaster Relief
- Education & Scholarships
- Environment
- Health & Wellness

- Human Development
- International Causes
- Neighborhood Revitalization
- Peace & Justice
- Pets & Animals
- Religions
- Veterans
- Youth Development
- Other: _____

7. REFERRAL SOURCE Please tell us how you first heard about the California Community Foundation. If the sources were multiple, *please check and identify the one that had the biggest impact.*

- From a friend or associate: _____
- From a CCF employee: _____
- From a CCF Board Member: _____
- From an attorney, advisor, CPA, or other professional: _____
- CCF Website
- Other: _____

8. DONOR SERVICES Philanthropic consultation is a great way to create a plan for your philanthropy. Your relationship manager will be in touch to schedule your welcome meeting

- Philanthropic consultation** is a complimentary personalized service provided by the donor services team. Overseen by your dedicated Relationship Manager, consultations involve informative discussions and use CCF's team of experts to help identify grantmaking opportunities, establish giving goals or plans and involve family members in your giving.
- Multigenerational Consultation** is a great way for CCF to work with you to involve current and future generations in your philanthropy to make the giving experience more fulfilling. By listening to donors and understanding their needs and interests, CCF can introduce giving to younger generations, while engaging current generations and enriching philanthropy for the entire family.
- CCF also provides **nonprofit research** as a complimentary service for donors who wish to identify nonprofit organizations in a new area of interest or conduct additional due diligence on the organizations they wish to support. This unbiased, comprehensive and up-to-date research helps you determine whether an organization is efficiently run and will maximize the impact of your giving. CCF can also explore additional organizations that you may not have considered, providing an objective point of view that can help you consider all your options and ensure your giving can be most meaningful for you.



9. CERTIFICATION All Donors of the fund must sign below.

I understand and acknowledge that grants from the fund must directly and fully support a charitable program and I **will not** submit a recommendation intended to:

- Fulfill a legally binding pledge or other financial obligation
- Benefit myself, any specific individual or to benefit an entity in which I hold 35% or more controlling interest
- Support political campaigns or lobbying activities
- Pay for membership benefits, event tickets (galas, sporting events), goods bought at auction, tuition, religious benefits, etc.

I understand that grant recommendations are subject to the review and approval of California Community Foundation and grants must comply with the policies detailed in California Community Foundation's [Charitable Fund Guidelines](#). Such recommendations are not binding on the Foundation and may be accepted or rejected, in whole or in part, by the Foundation in its sole and absolute discretion.

I understand that contributions to the fund are irrevocable gifts and shall not be the result of fundraising activities where a material benefit is provided in exchange for a charitable contribution.

Signature

Date

Donor #1

Signature

[Redacted Signature Box]

FOR CCF STAFF USE ONLY:

Staff Name:
Fund Spending Policy (FSP): <input type="checkbox"/> <i>Standard</i> <input type="checkbox"/> <i>Non Standard</i>
FSP Non Standard Comments:
Investment Pool: <input type="checkbox"/> <i>Permanent</i> <input type="checkbox"/> <i>Short Term</i> <input type="checkbox"/> <i>Socially Responsible</i> <input type="checkbox"/> <i>ChAMP</i>
Management Fee: <input type="checkbox"/> <i>Standard</i> <input type="checkbox"/> <i>Non Standard:</i> _____
<u>Anonymity Level:</u>
<input type="checkbox"/> <i>No Media Release</i>
<input type="checkbox"/> <i>No Mention of fund or Donor in Annual Report</i>
<input type="checkbox"/> <i>No mention of fund or Donor in Award Letters</i>
<input type="checkbox"/> <i>Donor is totally ANONYMOUS at all levels</i>