



COMMUNITY FOUNDATION
OF THE NORTHERN SHENANDOAH VALLEY

APPLICATION FOR DONOR ADVISED FUND

COMMUNITY FOUNDATION OF THE NORTHERN SHENANDOAH VALLEY

P.O. BOX 2391, WINCHESTER, VA 22604

1 DONOR INFORMATION

DONOR 1

Preferred salutation: _____

Full name (First, Middle, Last): _____

Home address: _____

Business or organization name: _____

Position/title: _____

Business address: _____

Home phone: _____

Business phone: _____

Cell phone: _____

Email address: _____

Date of birth: _____

Send mailings to my: Home Office Email

Arts and Culture Environment

Civic Engagement Health

Education Human Services

Charitable Interests
(Please check all that apply): Other interest: _____

Benefit the community Involve generations in giving

Learn about a specific issue Simplify my annual charitable giving

Reduce Tax Burden Memorialize/honor someone

Other: _____

What motivated you to establish this fund? (Please check all that apply)

Would you be willing to be profiled in Foundation materials (i.e., website, Facebook, newsletter)?

Yes No

DONOR 2

Preferred salutation: _____

Full name (First, Middle, Last): _____

Home address: _____

Business or organization name: _____

Position/title: _____

Business address: _____

Home phone: _____

Business phone: _____

Cell phone: _____

Email address: _____

Date of birth: _____

Send mailings to my: Home Office Email

Arts and Culture Environment

Civic Engagement Health

Education Human Services

Charitable Interests
(Please check all that apply): Other interest: _____

Benefit the community Involve generations in giving

Learn about a specific issue Simplify my annual charitable giving

Reduce Tax Burden Memorialize/honor someone

Other: _____

What motivated you to establish this fund? (Please check all that apply)

Would you be willing to be profiled in Foundation materials (i.e., website, Facebook, newsletter)?

Yes No

PROFESSIONAL ADVISOR

If you are working with a legal, financial, tax or estate planner to establish this fund, please complete the following. We would like to thank them for their help.

Advisor Name: _____

Firm Name: _____

Business Address: _____

Business Phone: _____

Business Email _____

REFERRAL

How did you learn about the Community Foundation of the Northern Shenandoah Valley?

- Advisor
- Foundation employee
- Family/friend/donor
- Web site/media
- Other
- Arts and Culture

Please list their name so we can thank them.

Name: _____

2 YOUR FUND

FUND TYPE

Donor Advised funds may either be endowed or non-endowed. Endowed donor advised funds are permanent funds. They safeguard your original investment, allowing you to support your charitable causes both today and for generations to come. Endowed funds are subject to the restrictions outlined in the Investment Policy.

Non-endowed donor advised funds are flexible, as both the principal and the earnings are available for use anytime. They allow you to streamline your annual charitable giving, offering the flexibility to support your charitable causes throughout the year.

Please select the type of fund you wish to establish: Endowed Non-Endowed

NAME YOUR FUND

Please choose a name for your fund. Your fund name will appear in all foundation materials. If you wish your fund to be anonymous, please name it accordingly.

Grants made to charities are accompanied by a letter which includes the fund name (e.g. The John H. Smith Family Fund) and the recognition option you select (e.g. advisor name and address etc.). However, you may also recommend that specific grants be sent anonymously.

DESCRIBE YOUR FUND

Please create a short description for your fund. The description will appear in on the CFNSV website and other foundation materials that list funds.

4 SUCCESSION PLAN

SUCCESSOR ADVISORS

You may designate Successor Advisor(s), who have privileges to make recommendations appropriate for the fund. A Donor may change this designation any time by sending a written request to the Foundation. You may have two successive generation of advisors. If more than two advisors are desired, please attach additional information to this form.

Furthermore, it is the responsibility of the designated Successor Advisor(s) to contact the Foundation at such time as he/she becomes Advisor(s) to the fund. If we do not hear from the Successor Advisor(s) and are not able to locate him or her within six months of becoming Advisor(s) to the fund, assets will be transferred as stipulated in the succession plan described below.

SUCCESSOR ADVISOR 1

Preferred salutation: _____

Full name (First, Middle, Last): _____

Home address: _____

Business or organization name: _____

Position/title: _____

Business address: _____

Home phone: _____

Business phone: _____

Cell phone: _____

Email address: _____

Send mailings to my: Home Office Email

SUCCESSOR ADVISOR 2

Preferred salutation: _____

Full name (First, Middle, Last): _____

Home address: _____

Business or organization name: _____

Position/title: _____

Business address: _____

Home phone: _____

Business phone: _____

Cell phone: _____

Email address: _____

Send mailings to my: Home Office Email

I/We, as the Donor(s), request that the Successor Advisor(s) named assume this responsibility:

On the following date: _____

On the death or resignation of the present Advisor(s)

SUCCESSOR USE:

You may request that portion of your fund be administered in any or all of the following ways upon the death, resignation or incapacity of the fund’s last surviving Donor Advisor(s), or if named above, Successor Advisor(s). This designation will also apply should a designated charitable organization cease to exist or to operate as an eligible charitable organization. If no succession plan is in place, the CFNSV Board of Directors may exercise its variance power, selecting an alternate use for the fund compatible with its original charitable purpose.

Create a named fund within the Community Foundation of the Northern Shenandoah Valley’s unrestricted pool to help meet the greatest needs of the Shenandoah Valley.

Create a designated fund for the benefit of the organization(s) named: _____

Transfer the fund’s assets to an existing fund within the Community Foundation of the Northern Shenandoah Valley as named (cannot name an Agency fund): _____

Create a named scholarship fund. *Please contact the Foundation to discuss your goals for the scholarship fund to ensure that the criteria meet Internal Revenue Service requirements.* The criteria will be developed cooperatively with the Foundation and will be set forth in an addendum to be made part of this fund agreement prior to its execution.

Create a named field of interest fund to help meet the greatest needs of the Shenandoah Valley in the following fields:

<input type="checkbox"/> Arts and Culture	<input type="checkbox"/> Environment
<input type="checkbox"/> Civic Engagement	<input type="checkbox"/> Health
<input type="checkbox"/> Education	<input type="checkbox"/> Human Services
<input type="checkbox"/> Other:	_____

5 CONTRIBUTIONS

The minimum initial contribution is \$5,000. Funds must reach \$5000 in five years to be fully endowed. Non-endowed funds that drop below \$5000 will either need to be replenished or closed. Additional gifts can be made in any amount at any time by the Donor(s) or others. If making a contribution of multiple securities or assets, please attach pages as needed. If transferring stock electronically, please call the Foundation for DTC instructions.

Check for the following amount \$ _____

Real estate (attach detail of property)**

Closely held stock, Partnership or LLC interest, etc. (attach detail of asset)**

Publicly traded securities _____ Shares of _____

Other _____

***Please contact the Foundation in advance to discuss the details of these types of gifts*

6 INVESTMENTS

The investment philosophy for endowed funds of the Community Foundation of the Northern Shenandoah Valley Foundation's emphasizes long-term results using a diversified portfolio of several different asset classes and strategies. We strive to preserve capital while achieving good returns year after year. Our objectives are to obtain investment results that will:

- Provide reasonable funding for grants over the long-term
- Insulate the value of the corpus against inflation, net of charitable distributions and expenses; and,
- Provide necessary funding to meet expenses.

Please provide me with a copy of the CFNSV Investment Policy Statement

INVESTMENT PORTFOLIO

Our endowed funds are invested in Portfolio D, a portfolio that supports our investment philosophy. Non-endowed fund holders may select the portfolio in Appendix B that best meets the organization's needs. There are several choices depending on the expected duration of the fund and risk tolerance. There is a minimum balance requirement of \$120,000 to open a new portfolio. CFNSV may supplement smaller funds wishing to open a new portfolio.

Non-endowed fund holders should enter the dollar value or percentage of your initial investment that you would like to invest in the portfolios specified below. We will place your initial investment in the specified portfolio(s). We will not, however, rebalance your portfolio to maintain these percentages. Each portfolio will grow at a different rate, so your percentage of investment in each portfolio may vary over time.

\$ Value or %	Portfolio
_____	Portfolio A
_____	Portfolio B
_____	Portfolio C
_____	Portfolio D – Established Portfolio
_____	Portfolio E

7 FEES

The fund will be charged an annual administrative fee in accordance with the *Policy on General Support from Component Funds*, adopted and amended from time to time by the Foundation.

Please provide me with a copy of the CFNSV Policy on General Support from Endowment Funds

9 SIGNATURES

Donor 1

Donor 2

Signature _____

Signature _____

Name _____

Name _____

Date _____

Date _____

A ADDITIONAL INSTRUCTIONS

Please specify any additional instructions you would like included in the fund agreement.

B PORTFOLIOS

ASSET ALLOCATION MODELS WITH RISK LEVELS "A" THROUGH "E"					
Asset Category	Potential for Loss of Purchasing Power	← Spending Level →	Potential for Real Growth of Spending		
	Lower	← Volatility →	Higher		
	Shorter	← Time Horizon →	Longer		
	A	B	C	D	E
Asset Category					
I. Safety Assets					
Money Market/Cash Instruments	13.0%	2.0%	2.0%	1.0%	1.0%
Total Safety Assets	13.0%	2.0%	2.0%	1.0%	1.0%
II. Income Assets					
Taxable/Tax Exempt Bonds:					
Short Term Maturities (1-5 yrs)	22.0%	14.0%	7.25%	4.0%	0.0%
Intermediate Term Maturities (5-10 yrs)	9.0%	10.0%	7.5%	4.25%	0.0%
Long Term Maturities (10+ yrs)	4.0%	5.0%	2.5%	0.00%	0.0%
Inflation Protected Bonds	5.0%	7.0%	5.75%	4.0%	0.0%
International Bonds:	5.0%	5.5%	5.0%	5.5%	6.0%
Total Income Assets	45.0%	41.5%	28.0%	17.8%	6.0%
III. Growth Assets					
Large Cap U.S. Equities:					
Value Stocks	14.0%	19.0%	18.5%	21.25%	23.5%
Growth Stocks	5.0%	7.0%	8.0%	11.0%	12.0%
<i>Subtotal: Large Cap U.S. Equities</i>	<i>19.0%</i>	<i>26.0%</i>	<i>26.5%</i>	<i>32.3%</i>	<i>35.5%</i>
Large Cap International Equities:					
Value Stocks	5.0%	6.0%	8.00%	9.0%	12.0%
Growth Stocks	3.0%	4.0%	5.50%	6.0%	8.0%
<i>Subtotal: Large Cap International Equities</i>	<i>8.0%</i>	<i>10.0%</i>	<i>13.5%</i>	<i>15.0%</i>	<i>20.0%</i>
Growth Real Estate:	2.0%	6.5%	11.0%	7.0%	5.0%
Total Growth Assets	29.0%	42.5%	51.0%	54.3%	60.5%
IV. Aggressive Assets					
Small Cap U.S. Equities:					
Value Stocks	5.0%	5.0%	5.0%	11.0%	11.5%
Growth Stocks	3.0%	3.0%	3.0%	5.0%	8.0%
<i>Subtotal: Small Cap U.S. Equities</i>	<i>8.0%</i>	<i>8.0%</i>	<i>8.0%</i>	<i>16.0%</i>	<i>19.5%</i>
Small Cap International Equities:	0.0%	0.0%	2.5%	3.0%	5.0%
Energy/Natural Resources:	2.5%	3.0%	4.25%	4.0%	4.0%
Commodities:	2.5%	3.0%	4.25%	4.0%	4.0%
Total Aggressive Assets	13.0%	14.0%	19.0%	27.0%	32.5%
TOTAL PORTFOLIO	100.0%	100.0%	100.0%	100.0%	100.0%