

NONPROFIT FUND AGREEMENT

SILICON VALLEY | **community foundation**
SERVING SAN MATEO AND SANTA CLARA COUNTIES

- Establish a New Fund
- Update Fund Information

Name of Fund

e.g., ABC Nonprofit Fund

Type of Fund

Please indicate a fund type below.

- Nonprofit Investment Fund**
A revocable contribution to Silicon Valley
Community Foundation
- Nonprofit Endowment Fund**
An irrevocable contribution to Silicon Valley
Community Foundation

Nonprofit Information

Nonprofit Name

Mailing Address

City State Zip

Business Phone (main phone number)

Fax

Website

Referred to Silicon Valley Community Foundation by

Contact Information

Role: Check all that apply. (See *Nonprofit Terms and Conditions* document for definitions.)

- Board Member (The community foundation requires one board member contact.)
- Fund Advisor
- Secondary Advisor
- Fund Representative
- Primary Contact (Please select only one primary contact on this form.)

Name Mr. Ms.

Title

Mailing Address

City

State

Zip

Direct Phone Number

Home Phone

Email

DonorConnect – Online Services

Would you like online access to your fund? Yes No
(Online access varies by the role of each contact.)



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Nonprofit Contact Information

(The community foundation recommends your executive director assumes this role.)

Role: Check all that apply. *(See Nonprofit Terms and Conditions document for definitions.)*

- Primary Contact *(Please select only one primary contact on this form.)*
- Fund Advisor
- Secondary Advisor
- Fund Representative

Name Mr. Ms.

Title

Mailing Address

City

State

Zip

Direct Phone Number

Fax

Email

DonorConnect – Online Services

Would you like online access to your fund? Yes No
(Online access varies by the role of each contact.)

Other Nonprofit Contact Information

(The community foundation recommends your CFO or board treasurer assumes this role.)

Role: Check all that apply. *(See Nonprofit Terms and Conditions document for definitions.)*

- Primary Contact *(Please select only one primary contact on this form.)*
- Secondary Advisor
- Fund Representative

Name Mr. Ms.

Title

Mailing Address

City

State

Zip

Direct Phone Number

Fax

Email

DonorConnect – Online Services

Would you like online access to your fund? Yes No
(Online access varies by the role of each contact.)

Initial Gift to Establish a Fund

Your initial gift may be paid in the form of:

Check \$ _____ made payable to
Silicon Valley Community Foundation

Wire* \$ _____
**Contact Silicon Valley Community Foundation at 650.450.5444.*

Spending Policies

Nonprofit Investment Fund

Established through revocable contributions that are invested and managed by the community foundation on behalf of the nonprofit.

- Expendable:** Distributions from earnings and principal as needed. Estimated annual disbursements of _____% per year.
- Preservation of Principal:** The payout is typically 5% of the trailing quarter averages.

Distributions to begin: _____
(at least one year from now)

Nonprofit Endowment Fund

Established through irrevocable contributions from a nonprofit that are maintained by the community foundation in perpetuity. The annual payout is typically 5% of the trailing quarter averages.

Distributions to begin: _____
(at least one year from now)

Number of distributions per year: _____
(at least one, but no more than one per quarter)

Investment Allocation

Please complete and sign the separate Investment Allocation form to indicate your investment pool selection.

Note: Nonprofit Endowment Funds may only select the Long-Term Growth and/or Social Impact investment pools.

Anonymity and Publicity

The community foundation includes information about fund advisors, grantees and funds in our e-newsletters, magazine, website and other printed and online materials. If you would like anonymity, please indicate below.

- Do not list the nonprofit on donor or fund advisor listings.
- Do not include the nonprofit fund name on fund listings.
- We are willing to be featured in the community foundation's print and online publications.
- We are willing to be interviewed for media stories.

Acknowledgement

We acknowledge that we have read the Silicon Valley Community Foundation Nonprofit Fund Terms and Conditions and Support Fees and Minimums documents and agree to the terms, fees and conditions described therein.

We hereby certify, to the best of our knowledge, all information presented in connection with this form is accurate, and we will notify the community foundation promptly of any changes.



NONPROFIT FUND AGREEMENT

Signatures

Nonprofit Board Contact Signature

Print Name

Date

Nonprofit Contact Signature

Print Name

Date

Other Nonprofit Contact Signature

Print Name

Date

Silicon Valley Community Foundation Signature

Authorized Signature

Title

Print Name

Date

Please mail this form to:

[Silicon Valley Community Foundation](#)

2440 West El Camino Real, Suite 300

Mountain View, CA 94040-1498

Phone: 650.450.5400 | Fax: 650.450.5401 | www.siliconvalleycf.org

Please contact the development department at donate@siliconvalleycf.org or call 650.450.5444 if you have questions.

Special Instructions:
