

Corporate Fund Application

Updated June 2023



Please follow the steps below to establish a JCF Corporate Fund:

1. Fill out and sign the **Corporate Fund Application**.
2. **Provide a Corporate Resolution** signed by two officers stating that the board has agreed to a) the establishment of the JCF fund, and b) the appointment of representatives empowered to act on behalf of the organization (see Authorized Parties—section C).
3. Transfer Assets—see **Ways to Contribute**.
4. Select asset allocation: Review the **Investment Performance Chart** and complete the **Fund Investment Recommendation Form**.

A. NAME OF ORGANIZATION

Name of organization

Tax identification number

Address

City

State

Zip

Name of contact

Title of contact

Contact phone

Contact email

B. NAME OF FUND

The organization has the privilege of naming the fund.

Name of fund

May we list the fund name in our Annual Report? Yes No

C. AUTHORIZED PARTIES/SIGNATORIES

The organization must authorize individuals who will act on its behalf to obtain fund information, recommend grants to charities, and make investment recommendations. Please list a minimum of two Authorized Parties/Signatories; one must be a board officer, and the other can be a board officer or a member of the organization's senior staff. Additional Authorized Parties/Signatories may include organization's senior staff, board members, accountant, attorney or any other individual designated to obtain information regarding the fund. The organization may add or remove Authorized Parties at any time by submitting a Corporate Resolution. To add additional Authorized Parties, see **Authorized Parties Form**. Please note that grant and investment recommendations must have a minimum of two signatories.

_____ of _____ Authorized Parties below must act jointly.

Name 1* (required)

*Date of Birth (required for security purposes)

Relationship to organization

Address

City State Zip

Phone Email

Sign grant recommendations
Sign investment recommendations

Name 3 (optional)

*Date of Birth (required for security purposes)

Relationship to organization

Address

City State Zip

Phone Email

Sign grant recommendations
Sign investment recommendations

Name 2* (required)

*Date of Birth (required for security purposes)

Relationship to organization

Address

City State Zip

Phone Email

Sign grant recommendations
Sign investment recommendations

Name 4 (optional)

*Date of Birth (required for security purposes)

Relationship to organization

Address

City State Zip

Phone Email

Sign grant recommendations
Sign investment recommendations

D. IRREVOCABLE CONTRIBUTION

Estimated initial contribution \$_____ (minimum \$5,000)

- Send check
- Wire cash
- Marketable Securities
- Mutual Fund Shares

For contribution instructions, please visit: jcfny.org/charitable-assets-accepted. Please notify us of the contribution you are sending using our Contribution Notification Form at jcfny.org/contribution-notification-form.

E. ACKNOWLEDGMENTS ON BEHALF OF THE ORGANIZATION

- ✓ We acknowledge that we have read the Policies and Procedures booklet and agree to its terms and/or conditions. We certify that all information in this application is accurate and complete and we will notify the Jewish Communal Fund by Corporate Resolution with any changes.
- ✓ We acknowledge that our appointed representatives are solely responsible for making investment allocations, and understand that JCF cannot be held responsible for the performance of the investments.
- ✓ We acknowledge that the organization can only add or remove Authorized Parties/Signatories by submitting a Corporate Resolution.
- ✓ We acknowledge that should the organization choose to solicit contributions for the Fund through an event with which there is an associated non-deductible portion, the organization must so inform the Jewish Communal Fund and we understand that the Jewish Communal Fund will not issue a tax substantiation letter for those contributions.

F. SIGNATURES

Two officers of the organization must sign below on behalf of the designated organization.

Signature (Officer 1)	Title	Date
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Signature (Officer 1)	Title	Date
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Acknowledged for Jewish Communal Fund by	Date
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How did the organization hear about the Jewish Communal Fund? (choose all that apply)

Advisor JCF donor Radio (CBS, Bloomberg, other) Event Mailing Press Online Search Friend/relative

Name of person who referred the organization (so we can send our thanks): _____