

Fund Intake Form



Fund Information

Fund Type: Donor Advised Agency Fund Field of Interest Fund
 Legacy Fund Supporting Organization

Fund Name: _____

Contribution amount to establish fund:
 \$ _____

Note: Minimum gift to establish a fund varies for each fund type. Please refer to the fund info sheets on ebcf.org for additional information.

Payment method: Check Securities
 Wire—EBCF will provide the appropriate transfer instructions
 Other: _____
 (e.g., interfund transfer, credit card, personal property, real estate)

Spending policy (please select one):

- Expendable:** This fund is not endowed and may make distributions from the fund balance at any time, net of fees.
- Endowed:** Grants may be made only from the amount available to spend per the annual calculation for endowed funds, as shall be deemed prudent by the EBCF Board of Directors consistent with applicable law.

Investment allocations

Pool	Allocated percentage of Fund assets	Estimated annual investment expense
Cash Pool	%	0.15% to 0.25%
Short-Term Pool	%	0.50% to 0.70%
Intermediate-Term Pool	%	0.40% to 0.60%
Environmental, Social, and Governance (ESG) Pool	%	0.60%
Long-Term Pool	%	0.60% to 0.80%
Opportunity Pool	%	0.60% to 0.80%
Total	100%	

Fund Contacts

Use the form below to designate your fund contacts. You must designate a primary fund contact and may select up to three grants advisors or fund representatives.

- **Primary Advisor:** Individual is the primary advisor to the fund and has full advisory privileges over the use of funds, including submitting grant recommendations via Donor Central and requesting changes to the fund, such as the addition of fund advisors and successor advisors and changes to investment allocations. This individual executes the fund agreement to establish the fund.
 - **Grants Advisor:** Individual has the following advisory privileges over the use of funds: submission of grant recommendations via Donor Central, addition or changes to fund advisor(s) and successor advisor(s), and changes to investment allocations.
 - **Fund Representative:** Individual has access to view fund information via Donor Central and no advisory privileges over the administration of the fund.
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Primary Advisor

Name:		Preferred pronouns:	
Mailing address:	City:	State:	Zip:
Email:	Phone:	Preferred method of communication: <input type="checkbox"/> Email <input type="checkbox"/> Phone	

Additional Fund Contacts

Select one: <input type="checkbox"/> Grants Advisor <input type="checkbox"/> Fund Representative			
Name:		Preferred pronouns:	
Mailing address:	City:	State:	Zip:
Email:	Phone:	Preferred method of communication: <input type="checkbox"/> Email <input type="checkbox"/> Phone	

Select one: <input type="checkbox"/> Grants Advisor <input type="checkbox"/> Fund Representative			
Name:		Preferred pronouns:	
Mailing address:	City:	State:	Zip:
Email:	Phone:	Preferred method of communication: <input type="checkbox"/> Email <input type="checkbox"/> Phone	