



## Granting Fund Application and Prequestionnaire

### DONOR OPENING CONTRIBUTION

1. **Name of Fund** shall be: \_\_\_\_\_
2. **Purpose of the Fund** shall be: \_\_\_\_\_
3. **Specific requirements for grant recipients:** \_\_\_\_\_
4. **Donor's Contribution.** Initial Contribution of \$ \_\_\_\_\_, as a charitable contribution to the Catholic Foundation of Michigan. Funding Method: *(check one)*  
 Check     Fund transfer     Securities     Other: \_\_\_\_\_
5. **Distributions:** Annual granting amount is the standard distribution. Please select the amount you would like granted annually:  
 Standard granting amount (roughly 5%)  
 An additional 5%
6. **Additional gift:** The donor wishes to make a contribution to the Catholic Foundation of Michigan Endowment for the long-term financial support of the Foundation in the amount of \$ \_\_\_\_\_.
7. **Media Release.** Donor hereby grants permission for Fund name to be used in Foundation promotional materials (e.g. website, annual report, newsletter etc.). *(circle one)*    **YES**    **NO**
8. **Termination of the Fund:** As a security to ensure the funds are always designated with your faithful intent, please consider an additional endowed fund or 501c3 beneficiary to be referenced in paragraph 7 of the agreement:
  - a. Fund name: \_\_\_\_\_
  - b. And/or if such a fund is not in existence, please select a foundation Field of Interest:
    - Parish Life
    - Catholic Education and Formation
    - Social outreach
    - Catholic Philanthropy – providing for the mission of the Catholic Foundation
9. **How did you hear about the Catholic Foundation of Michigan?**
  - Donor initiated
  - Referred by a professional advisor
  - Through a school/parish partnership
  - Referred by pastor
  - Through Catholic Foundation marketing
  - Other: \_\_\_\_\_



**DONOR INFORMATION**

**Donor**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/ZIP

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone

**Secondary Donor** *(if desired)*

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/ZIP

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone

***For Nonprofit Entities:***

**Board Approval**

Board Resolution approving the transfer of funds date: \_\_\_\_\_

Resolution and/or letter of approval attached  YES  NO, Date expected \_\_\_\_\_

**Promotion**

2 High Resolution Photos for Foundation Publications attached  YES  NO

Public description describing the granting fund for donor portal \_\_\_\_\_  
\_\_\_\_\_