

SUPPORTING ORGANIZATION APPLICATION

Please complete the following application to provide the background information National Christian Foundation (NCF) needs to begin to understand your charitable goals and purposes in creating a Supporting Organization (SO) with us. If you have questions, please contact our team at soadmin@ncfgiving.com.

CONTACT INFORMATION

Name One

Title First Name Initial Last Name Suffix

Date of Birth

Address: Including P.O. Box, street address, suite or apt #

City State Zip

Home Phone Number

Cell Phone Number

Business Phone Number

Fax Number

Email Address

Preferred Contact (Circle One)

Email Home Ph. Bus. Ph. Fax Mail Cell

Name Two

Title First Name Initial Last Name Suffix

Date of Birth

Address: Including P.O. Box, street address, suite or apt #

City State Zip

Home Phone Number

Cell Phone Number

Business Phone Number

Fax Number

Email Address

Preferred Contact (Circle One)

Email Home Ph. Bus. Ph. Fax Mail Cell

SUPPORTING ORGANIZATION INFORMATION

Please fill out the information below to the best of your ability. Please indicate if the item has not yet been determined

A. Previous Establishment

Has a tax exempt organization or SO previously been established? Yes No

If so, when was exempt status granted by the IRS? _____

If so, please attach the following:

- A. Articles of Incorporation
- B. Bylaws
- C. Form 1023
- D. IRS Determination Letter
- E. Prior 3 years financial statements
- F. Prior 3 years Form 990 returns

B. Organization / Contact Information

Name or Proposed Name of Organization (SO)

Mailing Address County

Street Address (If different) County

Person to contact Email Address Phone Number Fax Number

C. Purpose, Mission, and Activity

Exempt Purpose & Mission of the organization

Description of proposed activities (write as if you are telling your best friend about this new charity; what you plan to do / want to do?)

List your charitable goals (i.e. family involvement, giving legacy, certain areas of interest, etc)

D. Board of Directors and Officers

Board of Directors / Trustees (If known)

Please list proposed directors below:

Name of Director	Address	Phone	Email	Fax	How associated?

Officers (If known)

Name of Officer	Address	Phone	Email	Fax	How associated?

Please list proposed officers below:

FINANCIAL / FUNDING INFORMATION

What is the total value of assets (if any) held in the organization currently (or as of end of the previous month)? Please attach most recent financial statement or list in the space below.

Contributor	Description of Asset	Value of Asset

Funding source and amounts:

What is the desired timeframe for completion and funding of the SO?

Do you plan on performing fundraising activities? If so, please describe:

Do you plan on having employees? If so, please describe the functions they will perform:

Are you interested in NCF providing administrative services (i.e. bookkeeping, financial reporting, tax preparation, etc.) to your SO? If not, who will perform the administrative services?

Attach a proposed Budget (or complete the blanks below) for the current year and two projected years.

(The current year is from the date of incorporation to the end of the calendar year - December 31)

	Current Year	Second Year	Third Year
Contributions to be received	\$	\$	\$
Income earned (describe how)	\$	\$	\$
Other Income (attach list)	\$	\$	\$
TOTAL INCOME	\$	\$	\$

	Current Year	Second Year	Third Year
Grant to be Paid	\$	\$	\$
Salaries to be paid	\$	\$	\$
Rent / utilities	\$	\$	\$
Other Expenses (attach list)	\$	\$	\$
TOTAL EXPENSES	\$	\$	\$

PROFESSIONAL ADVISOR INFORMATION (IF APPLICABLE)

Legal Counsel retained to set up supporting organization. (Please indicate if this has not yet been determined):

Professional Advisor Name & Firm Name

Mailing Address

City

State

Zip

Phone

Email

I presently work with an advisor (please provide contact details below – attach an additional sheet if you have more than one advisor):

Type of Advisor: (Circle One) Accountant Attorney Financial Planner Investment Manager

Professional Advisor Name & Firm Name

Mailing Address

City

State

Zip

Phone

Email

Do you want your advisor involved in the SO process?

Yes

No

HOW DID YOU HEAR ABOUT US?

Please tell us how you heard about NCF. (Please list specific names and/or organizations.)

Giver Referral: _____

Ministry/church leader: _____

Financial professional: _____

Legal professional: _____

NCF website/search engine: _____

Web/Marketing: _____

Event (e.g. Young Life, Generous Giving, The Gathering, etc.): _____

Other: _____

Thank you for completing the Supporting Organization Application. An NCF representative will follow up with you within 72 hours with confirmation of receipt of your application. Receipt of this application by NCF does not indicate NCF's approval and / or acceptance of the supporting organization referenced in this application. This is a step in the process to understand how NCF can meet your charitable goals. If you have questions, please contact our team at soadmin@ncfgiving.com.

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For Internal Use ONLY

Fund #: _____

Relationship Manager: _____

Source code: _____

Entry date: _____

Initials: _____

Salesforce: Y / N