



## SUPPORTING ORGANIZATION APPLICATION

Please complete the following application to provide the background information The Christian Foundation of the Triangle (CFT) needs to begin to understand your charitable goals and purposes in creating a Supporting Organization (SO) with CFT. If you need assistance, please contact CFT at 919-743-2555.

### 1 DONOR CONTACT INFORMATION

#### DONOR ADVISOR

\_\_\_\_\_  
Title First Name Initial Last Name Suffix

\_\_\_\_\_  
Date of Birth Social Security # / Tax ID #

\_\_\_\_\_  
Address: Including P.O. Box, street address, suite or apartment #

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Business Phone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Email Address

#### Preferred Method of Contact (Circle One)

Email Home Ph. Bus. Ph. Fax Mail Cell

#### ADDITIONAL DONOR ADVISOR

\_\_\_\_\_  
Title First Name Initial Last Name Suffix

\_\_\_\_\_  
Date of Birth Social Security # / Tax ID #

\_\_\_\_\_  
Address: Including P.O. Box, street address, suite or apartment #

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Business Phone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Email Address

#### Preferred Method of Contact (Circle One)

Email Home Ph. Bus. Ph. Fax Mail Cell

## 2 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 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?):

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

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**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)**

Please list proposed officers below:

Name of Director	Address	Phone	Email	Fax	How associated?

**3 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.

Funding source and amounts:

Contributor	Description of Asset	Value of Asset

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

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

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

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

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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	\$	\$	\$

#### 4 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 Professional Advisor:** (Circle One)    Accountant    Attorney    Financial Planner    Investment Manager    Other

Professional Advisor Name & Firm Name

Mailing Address

City

State

Zip

Phone

Email

Do you want your advisor involved in the SO process?     Yes     No

#### 5 HOW DID YOU HEAR ABOUT US?

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

C Donor Referral: \_\_\_\_\_

C Ministry/church leader: \_\_\_\_\_

C Financial professional: \_\_\_\_\_

C Legal professional: \_\_\_\_\_

C CFT website/search engine: \_\_\_\_\_

C Event (e.g. Young Life, Generous Giving, The Gathering, etc.): \_\_\_\_\_

C Other: \_\_\_\_\_

Thank you for completing the Supporting Organization Application. An CFT representative will follow up with you within 72 hours with confirmation of receipt of your application. Receipt of this application by CFT does not indicate CFT's approval and / or acceptance of the supporting organization referenced in this application. This is a step in the process to understand how CFT can meet your charitable goals.

**For Internal Purposes ONLY**    Fund #: \_\_\_\_\_    Relationship Manager: \_\_\_\_\_    Source code: \_\_\_\_\_

Entry date: \_\_\_\_\_    Initials: \_\_\_\_\_    Salesforce: Y / N