



The Heber Springs Area Chamber Foundation (“Chamber Foundation”) welcomes your application to use the Chamber Foundation as Fund Administrator.

Before you apply, please understand the application process. Review the “Protocol for Use” document before you begin. You must complete the application and where applicable, and you are capable, provide as much information as possible about you and your project. Also, understand that the Chamber Foundation will charge an administrative fee of 2% to serve as Fund Administrator.

Please contact me at any time with any questions or comments.

Thank you for your interest in the Heber Springs Area Chamber Foundation.

Sincerely,

Don Rodgers
President

Chamber Foundation Charitable Fund Administration Agreement

Applicant Information

NAME _____
STREET ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____ FAX _____
EMAIL _____ WEBSITE _____

FEDERAL
TAX ID# _____
STATE
TAX ID# _____

TYPE: (Check One)

- BUSINESS
- ASSOCIATION
- ORGANIZATION/CLUB
- VOLUNTEER GROUP

Year (Business, organization, association, group first established) _____

Provide mission statement, purpose and services rendered.

Who in your organization/group has the authority to request and disperse funds?

Please explain how your disbursement system works. (separate sheet).

Please explain the strategy, intent, & duration of the project to be funded.

BUDGET

Please attach a detailed budget that will cover the project period and an audited financial statement. If this is not available, provide the last complete fiscal year statement and a signed statement by the CEO, President or Director attesting to the accuracy of this information. For a volunteer group, please attach a proposed budget of income and expenditures.

Is your business in compliance with all applicable state and federal regulations pertaining to your business?

The applicant accepts, acknowledges, and agrees to hold the Chamber and the Foundation harmless of any loss or damage outside of our control and to indemnify the Chamber and the Foundation from any claim of liability for any kind.

FINANCIAL SUMMARY

Please attach compiled, reviewed or audited financial statements for the past 3 fiscal years and the current year-to-date. (If not available provide Federal Tax returns for the past 3 fiscal years.)

CHAMBER FOUNDATION'S ROLE

The Chamber Foundation will serve as fund administrator for your project. We will receive and deposit donations and disperse funds as requested. Before disbursement, some projects may require a bid process to ensure the Foundation's fiduciary duty is met. This will be decided by the Foundation Board on a case by case basis.

We will not invoice your donors but we will generate end of the year statements for each donor. The Foundation will also provide an annual profit and loss report for your project.

CONTACT FOR YOUR ORGANIZATION:

NAME _____
POSITION _____
STREET ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____ FAX _____
EMAIL _____ WEBSITE _____
SIGNATURE _____ DATE _____

APPLICANTS SIGNATURES

All information on this application is accurate and true and it is understood that any willful misrepresentation on this application shall be subject to the remedies under the U.S. Criminal Code. The Chamber Foundation may obtain and verify additional information concerning the credit standing of the applicant and of any proposed guarantor. Should there be no activity as specified in the application for one year after the completion of your project, any remaining funds will revert to the Chamber Foundation Scholarship Funds.

The business, organization or association making this application agrees to pay the Chamber Foundation 2% of the total amount of money managed over the course of the project as an administration fee for serving as the Charitable Fund Administrator.

Signature, Position, _____ Date _____

Print _____

Business Address _____ Phone _____

Home Address _____ Home Phone _____

FOR CHAMBER FOUNDATION USE ONLY

Received by _____ Date _____
Applicant contacted _____ Phone _____
Request Forwarded to the Board _____
Presentation to the Board _____
Determination Approved _____ Denied _____

FOR CHAMBER FOUNDATION USE ONLY

Approved on _____ subject to _____
Heber Springs Area Foundation Authorized Signatures:

Date _____

Date _____