

# LEAVE A LEGACY CHALLENGE GRANT APPLICATION

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**OUR COMMUNITY IS INDEBTED TO THE SIERRA FOUNDATION, INC. FOR MAKING THIS CHALLENGE GRANT POSSIBLE.**

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## GOALS

- Provide a two-to-one matching grant as an incentive for your nonprofit agency to build an endowment fund as a permanent income stream to create greater financial stability and allow creative growth.
- Enhance the fundraising priorities of your governing board and staff from special events to planned giving through wills, charitable trusts, annuities, and large gifts. Upon request, Community Foundation staff will accompany you to meet with potential large donors and provide insight on charitable trusts and annuities. The Community Foundation may issue and guarantee charitable gift annuities on your behalf and can serve as the trustee of charitable trusts.
- Maximize your total return without exposure to undue risk.
- **Minimum \$50,000 Endowment Goal** – Requires a nonprofit agency to raise \$33,334 (2/3) of total goal to qualify for the \$16,666 (1/3) match by the Foundation.
- **Maximum \$75,000 Endowment Goal** – Requires a nonprofit agency to raise \$50,000 (2/3) of total goal to qualify for the \$25,000 (1/3) match by the Foundation.

## ELIGIBILITY

- Tax-exempt, charitable organizations with 501(c)(3) status are eligible including religious organizations that do outreach community projects.

## HOW TO BEGIN THE PROCESS

- Meet with Community Foundation staff to fully understand the program and/or the Community Foundation will present the program to your agency's board.
- Complete the attached application. The form will provide greater details about the Leave A Legacy Challenge Grant. If your agency has not established an endowment fund at the Community Foundation, your governing board will need to approve an "Agency Fund Agreement" in addition to the application.
- Discuss the program with your governing board and submit the application after your governing board authorizes its approval for the program.
- Your governing board may decide to designate the endowment fund to support a specific program, e.g., scholarship or educational activities, instead of an unrestricted endowment.
- Gifts may be paid to your agency and forwarded to the Community Foundation or paid directly to the Community Foundation, designated for your fund.
- To encourage an expanded donor base, only gifts designated for the Leave A Legacy Challenge Grant from new donors or an increase level of giving from current donors will be eligible. Gifts of cash, marketable securities, and other assets that can be readily sold and converted to cash will qualify. In addition, the charitable portion of irrevocable deferred gifts will be eligible. No monies received from government grants will qualify.
- Current funds, previously existing funds, agency bequests, and gifts from private foundations will not qualify for the Challenge Grant.
- If your agency raises gifts through fundraising events, the participants must be informed through written statements included in the event's advertisements that the proceeds from the activities will support the program.
- Applications will be accepted and processed in the order that they are received and are subject to review by the Community Foundation.
- Applications received after the depletion of the matching fund account will receive first preference should a subsequent program begin.
- The Community Foundation staff is committed to your success and welcomes your questions and ideas about the program.

**Please submit the Leave A Legacy Challenge Grant application to the Community Foundation of Tampa Bay at  
550 North Reo Street, Suite 301, Tampa, Florida 33609.  
For additional information, please call 813.282.1975.**



For good. For ever.®

A division of the Community Foundation of Tampa Bay

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## INFORMATION:

Organization Name: \_\_\_\_\_

Contact Name/Title: \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_ Website: \_\_\_\_\_

Our total endowment goal is \$\_\_\_\_\_ Amount to be raised by our agency is \$\_\_\_\_\_ (2/3 of total goal)

Amount to be matched by the Community Foundation is \$\_\_\_\_\_ (1/3 of total goal)

We  **do** /  **do not** have a full-time development director on our paid staff.

Name of development director (if applicable): \_\_\_\_\_

## OUR GOVERNING BOARD AND STAFF UNDERSTAND AND ACCEPT THE FOLLOWING CONDITIONS OF THE CHALLENGE GRANT:

- A. All funds deposited at the Community Foundation are nonrefundable and will remain in the agency's endowment fund at the Foundation. Should our agency not meet its goal, no refunds will be provided.
- B. To qualify for the Community Foundation's match of \$1 for every \$2 raised by the agency, the following two conditions must be achieved: 1) **10 percent of our goal must be remitted to the Community Foundation no later than 90 days following our receipt of acceptance of this application.** 2) **We have three years from the date of acceptance into the program to meet the entire goal.**
- C. The Foundation's payment policy provides for our agency to annually receive 5 percent of the value of our fund.
- D. Our agency either has an estate planner on our board, or we hereby ask the Community Foundation to assist in finding an estate planner to join our board, or to act in an advising capacity, and we agree to allow such person to play the following role:
  1. Work with our board to discuss the endowment and estate planning at every other board meeting.
  2. Submit articles on our agency's endowment activities for the Community Foundation's newsletter.
  3. Mention annuities, charitable trusts, wills, and endowment efforts at fundraising events and other appropriate gatherings.
- E. We will encourage bequests by giving credit to those who name our agency in their wills (with their permission) by using the name Legacy Society or other appropriate name to identify them.

## THE FOLLOWING GOVERNING BOARD MEMBERS AND STAFF SIGNATURES ARE REQUIRED TO PROCESS THE APPLICATION:

Member of Governing Board: _____	_____	_____	_____
	Name	Signature	Date
Member of Governing Board: _____	_____	_____	_____
	Name	Signature	Date
Staff Member: _____	_____	_____	_____
	Name	Signature	Date
Staff Member: _____	_____	_____	_____
	Name	Signature	Date
Board Chair: _____	_____	_____	_____
	Name	Signature	Date
Executive Director: _____	_____	_____	_____
	Name	Signature	Date
Campaign Chair: _____	_____	_____	_____
	Name	Signature	Date

**[For Office Use Only]** Date and time received by the Community Foundation: \_\_\_\_\_