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# COLUMBUS STEWARDSHIP FOUNDATION



an NCF Affiliate

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## SUPPORTING ORGANIZATION APPLICATION

Please complete the following application to provide the background information Columbus Stewardship Foundation (CSF) needs to begin to understand your charitable goals and purposes in creating a Supporting Organization (SO) with CSF. If you need assistance, please contact CSF at 614.839.8336.

### 1 DONOR CONTACT INFORMATION

#### DONOR ADVISOR

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Title    First Name    Initial    Last Name    Suffix

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Date of Birth                      Social Security # / Tax ID #

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

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City                                      State                                      Zip

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Home Phone Number

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Cell Phone Number

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Business Phone Number

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Fax Number

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Email Address

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

Email    Home Ph.    Bus. Ph.    Fax    Mail    Cell

#### ADDITIONAL DONOR ADVISOR

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Title    First Name    Initial    Last Name    Suffix

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Date of Birth                      Social Security # / Tax ID #

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

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City                                      State                                      Zip

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Home Phone Number

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Cell Phone Number

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Business Phone Number

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Fax Number

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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 and proposed titles below:

Name of Officer/Title	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 CSF 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)	\$	\$	\$
<b>TOTAL INCOME</b>	\$	\$	\$

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

#### 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 CSF (please list specific names and/or organizations).

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

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

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

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

C CSF 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 CSF representative will follow up with you within 3 business days with confirmation of receipt of your application. Receipt of this application by CSF does not indicate CSF's approval and / or acceptance of the supporting organization referenced in this application. This is a step in the process to understand how CSF can meet your charitable goals.

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

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