

# AGENCY FUND AGREEMENT

Thank you for setting up an agency fund. The fund will be administered by  
Greater Horizons, a 501(c)(3) public charity.

Please complete the attached form and return to [info@greaterhorizons.org](mailto:info@greaterhorizons.org).

Questions?

Contact **866.627.3440**  
or [support@greaterhorizons.org](mailto:support@greaterhorizons.org).



1055 Broadway Blvd., Suite 130 | Kansas City, MO 64105  
866.627.3440 | [www.greaterhorizons.org](http://www.greaterhorizons.org)

# GREATER HORIZONS AGENCY FUND AGREEMENT

## 1 Agency Information

Agency Name	Doing Business As (If Applicable)		
Address	City	State	Zip Code
Phone Number	Website		
Primary Contact Name & Title	Primary Contact Email		

## 2 Fund Name

Name the Fund as you like.  
Examples: XYZ Charity Foundation, XYZ Charity Fund, XYZ Charity Legacy Fund

Name of Fund
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## 3 Type of Agency Fund

You may choose to establish a non-endowed or quasi-endowed Agency Fund. Please select one.

**Non-Endowed:**  
Grants may be made from the **income and principal** of the Fund with the necessary approvals as set forth in Section 4.

**Quasi-Endowed:**  
Grants may be made from the **annual net income** of the Fund with the necessary approvals as set forth in Section 4.

Net income is defined as an amount that is computed annually based upon Greater Horizons' current spending policy (currently 5% of the average past-three year-end Fund balances). If any portion of the net income is not granted in a particular calendar year, the undistributed net income for such year shall be added to principal. It is not your intention to make grants from the principal of the Fund. However, in the event of extraordinary circumstances, the principal of the Fund, up to the entire Fund balance, may be granted.

4

Grant Authorization

Please indicate who may provide approval for grants from the Fund to the Agency in accordance with Sections 3 and 4 of this form.

Grants from the Fund to the Agency may be made upon Greater Horizons' receipt and approval of the written recommendation of at least two of the following selected positions. We recommend selecting at least four positions from the list below.

- Agency Board Chair
- Agency Board Treasurer
- Agency Board Secretary
- Agency Executive Director or CEO
- Agency Chief Financial Officer
- Agency Director of Finance
- Agency Development Director
- Other: \_\_\_\_\_

Please list the individual currently occupying each selected position and provide their contact information. These positions will have online access to view fund statements.

Please note, if the Fund is quasi-endowed, and grants from the principal of the Fund have been recommended, the Agency must provide minutes of a board meeting showing that the request was approved by at least two-thirds of the Agency's Board of Directors.

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\_\_\_\_\_  Mr.  Mrs.  Ms.  Dr.  \_\_\_\_\_

**Agency Position**

\_\_\_\_\_

First Name	Middle Initial	Last Name	Suffix
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\_\_\_\_\_

Phone <input type="checkbox"/> Work <input type="checkbox"/> Cell	Email Address
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\_\_\_\_\_

Address <input type="checkbox"/> Work <input type="checkbox"/> Home	City	State	Zip Code
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\_\_\_\_\_  Mr.  Mrs.  Ms.  Dr.  \_\_\_\_\_

**Agency Position**

\_\_\_\_\_

First Name	Middle Initial	Last Name	Suffix
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\_\_\_\_\_

Phone <input type="checkbox"/> Work <input type="checkbox"/> Cell	Email Address
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\_\_\_\_\_

Address <input type="checkbox"/> Work <input type="checkbox"/> Home	City	State	Zip Code
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Mr.  Mrs.  Ms.  Dr.  \_\_\_\_\_

**Agency Position**

First Name Middle Initial Last Name Suffix

Phone  Work  Cell Email Address

Address  Work  Home City State Zip Code

Mr.  Mrs.  Ms.  Dr.  \_\_\_\_\_

**Agency Position**

First Name Middle Initial Last Name Suffix

Phone  Work  Cell Email Address

Address  Work  Home City State Zip Code

Mr.  Mrs.  Ms.  Dr.  \_\_\_\_\_

**Agency Position**

First Name Middle Initial Last Name Suffix

Phone  Work  Cell Email Address

Address  Work  Home City State Zip Code

Mr.  Mrs.  Ms.  Dr.  \_\_\_\_\_

**Agency Position**

First Name Middle Initial Last Name Suffix

Phone  Work  Cell Email Address

Address  Work  Home City State Zip Code

Mr.  Mrs.  Ms.  Dr.  \_\_\_\_\_

**Agency Position**

First Name Middle Initial Last Name Suffix

Phone  Work  Cell Email Address

Address  Work  Home City State Zip Code

Mr.  Mrs.  Ms.  Dr.  \_\_\_\_\_

**Agency Position**

First Name Middle Initial Last Name Suffix

Phone  Work  Cell Email Address

Address  Work  Home City State Zip Code

**5** Referral Information If someone guided you in the decision to establish the Fund, please provide the following information about your referral.

Name			Organization
Address			Phone
City	State	Zip Code	Email Address

If you did not receive a personal referral, please share how you heard about us.

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**6** Additional Information If you are setting up the Fund for a specific purpose, please describe here.

Please select one of the following options for the Fund's investments.

**Option 1** The assets in the Fund will be managed directly by a financial advisor.

Financial Advisor Name			Firm Name			
Address			Phone			
City	State	Zip Code	Email Address			

Please check here if you would like the financial advisor to have online access to view the Fund.

**Option 2** The assets in the Fund will be invested in Greater Horizons' Investment Pools.  
*(Please note, assets are allocated once a month. Assets will be held in the Money Market pool in the interim.)*

Please select one mix from the mix options listed below, or create your own mix.

		Long-Term Goals Lower Spending Rate		Short-Term Goals Higher Spending Rate			
		MORE RISK				LESS RISK	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Mix Options:</b>		<b>Aggressive</b>	<b>Moderately Aggressive</b>	<b>Moderate</b>	<b>Conservative</b>	<b>Risk Averse</b>	<b>Custom Mix*</b>
<b>Investment Pool</b>	<b>Money Market</b>	3%	5%	15%	25%	100%	
	<b>Short-Term Fixed Income</b>	10%	21%	27%	33%	0%	
	<b>Intermediate-Term Fixed Income</b>	10%	14%	18%	22%	0%	
	<b>Domestic Equity</b>	55%	43%	29%	14%	0%	
	<b>International Equity</b>	22%	17%	11%	6%	0%	

\*Combined total must equal 100%

The Agency named in this document establishes this Fund with Greater Horizons.

The Agency may make recommendations for grants to the Agency, investments, and other administrative matters in accordance with Sections 3 and 4 of this form.

*If Selecting Investment Option One:* The Fund will be managed directly by the named financial advisor participating in the Greater Horizons' financial advisor program until such time that Greater Horizons or the Agency exercises the option to make a different selection for management of this Fund. The named financial advisor will manage the assets of this Fund in accordance with the most current financial policies and standards of Greater Horizons. Greater Horizons will regularly review the financial performance of this Fund.

*If Selecting Investment Option Two:* The responsibility for managing Greater Horizons' investment program is vested in Greater Horizons' Board of Directors through its Investment Committee. The percentages in the mix options may change from time to time upon Investment Committee review.

As required by IRS regulations:

- a) the investment recommendation is advisory only and Greater Horizons may, at its sole and absolute discretion, follow or decline to follow the recommendation;
- b) Greater Horizons may at any time, at its sole and absolute discretion, change the investment of all or any portion of the assets in the Fund;
- c) if the investment recommendation is accepted, the investments will be administered in accordance with the financial policies and fiduciary standards of Greater Horizons; and
- d) investments are subject to normal market and interest rate fluctuation risks, and any gain or loss generated by the above investments will be credited or charged to the Fund.

Greater Horizons' administrative fee schedule is attached. The fee schedule is subject to modification and may be increased or decreased at the sole discretion of Greater Horizons.

The Agency Fund Agreement Policies are attached; signing below indicates acceptance of these policies. Greater Horizons reserves the right to make the final decision regarding distributions from the Fund. The Board of Greater Horizons shall have the power to modify any restriction or condition on the distribution of funds for any specified charitable purposes or to specified charitable organizations if, in the sole judgment of the Board, such restriction or condition becomes unnecessary, obsolete, incapable of fulfillment, impractical or inconsistent with the community's charitable needs.

In the event that the Agency and its legal successors cease to exist, the Agency requests that the Fund be converted to a Field-of-Interest Fund from which grants will be distributed to charitable agencies providing similar services as currently being provided by the Agency.

Agency Board Chair	Date
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\_\_\_\_\_  
Printed Name

Agency CEO or Executive Director	Date
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\_\_\_\_\_  
Printed Name

Accepted by: \_\_\_\_\_ Date \_\_\_\_\_  
Greater Horizons



**Contributing to Agency Funds**

For instructions on contributing checks or wire transfers of cash to an agency fund, please visit [www.greaterhorizons.org/agency-funds](http://www.greaterhorizons.org/agency-funds).

**Grants from Agency Funds**

Greater Horizons will process grants from an agency fund back to the agency. The agency may make recommendations for grants to the agency.

**Fundraising**

Greater Horizons cannot sponsor or directly reimburse expenses incurred by an individual for any fundraising activities or any other events intended to benefit any agency fund, and will not be responsible for the collection of any amounts from any benefit, ball, banquet, athletic event or third-party online fundraising page. Greater Horizons will only be responsible for the proper disbursement of funds actually received. Any advertising, promotional or other materials must be consistent with this policy.

**Agency Staff and Volunteer Updates**

As the individuals listed in Section 4 of this form change, please provide Greater Horizons with updated information by contacting Donor Services at [support@greaterhorizons.org](mailto:support@greaterhorizons.org) or 866.627.3440.

**Investment Review and Changes to Investments**

If an agency is using Greater Horizons' investment pools or a custom mix, Greater Horizons welcomes the opportunity to involve agency staff, volunteers or both in an investment review with Greater Horizons' Director of Investments and a Philanthropic Advisor.

If a change is needed to the investment mix, the agency will be asked to submit an investment recommendation form, signed by those individuals authorized in Section 4 of this form.

**Fund Statements**

Fund statements will be available on a quarterly basis through the online donor portal. If you wish to receive fund statements through the mail, please contact Donor Services at [support@greaterhorizons.org](mailto:support@greaterhorizons.org) or 866.627.3440.

**Accounting for Agency Funds**

Public charities that establish agency funds with Greater Horizons should consult with their auditors on the proper reporting of assets in an agency fund. Greater Horizons has provided the guidance below for informational purposes.

Financial Accounting Standards Board directive No. 136 indicates that when a nonprofit transfers a portion of its own assets to a fund at a community foundation, the nonprofit may continue to report those assets as its own, with the offsetting activity reported in net assets. Greater Horizons may also report the asset, with the offsetting activity reported as a liability to the nonprofit.

**Revisions to the Agency Fund Agreement**

There may be a time when the objectives of an agency fund change during the course of an agency fund being held at Greater Horizons. Please contact Greater Horizons to discuss possible revisions to an agency fund agreement.

**Confidentiality and Privacy Policy**

Greater Horizons holds all information concerning agency funds in strict confidence. Greater Horizons will only release information about an agency fund if the agency has given permission, or if a government agency or court has the legal authority to request the information. All personal data collected on this form is subject to Greater Horizons' privacy policy, which can be found at [www.greaterhorizons.org/privacy-policy](http://www.greaterhorizons.org/privacy-policy).

**Additional Detail on These Policies**

Please see the Procedures for the Establishment and Operation of Funds and relevant sections of the Bylaws. Greater Horizons' Procedures and relevant Bylaws are available at [www.greaterhorizons.org/procedures](http://www.greaterhorizons.org/procedures).