

APPLICATION TO BEGIN A CHARITABLE PROJECT WITH VESSEL CHRISTIAN FOUNDATION

The Name desired for this proposed Charitable Project is:

The mailing address of the Project will be:

ENCLOSED IS AN INITIAL DONATION OF \$ _____.
(Minimum donation of \$5,000.00 to begin the Charitable Project)

Type of Account:

Operational Donor Advised Supporting Organization Future Funded Project

Statement of Charitable Purpose:

The religious, educational, health or other charitable purposes of the proposed Charitable Project are:

How will funds be raised for this Project?

The Donor/Managers of a project are the only person/persons who may make requests for distributions from the Vessel Christian Foundation Project account. The Managers of this project are:

Donor/Managers: _____

In the event of the death or incapacity of the Donor/Managers, the following individuals shall be authorized to make distributions from the project:

First: _____

Social Security Number

Relationship to Donor/Manager: _____

Address

City

State

Zip

Second: _____

Social Security Number

Relationship to Donor/Manager: _____

Address _____ City _____ State _____ Zip _____

If a project fails to have a designation made from the project for a period of ten years, such project shall revert to the General Fund of **VESSEL CHRISTIAN FOUNDATION**. If the donor/manager dies or becomes incapacitated, or cannot be found after diligent search and has failed to name an authorized individual to make distributions in his or her place; or if such named individual is dead, incapacitated, or cannot be found after diligent search, then in either such event **VESSEL CHRISTIAN FOUNDATION** shall be authorized to make distributions from the project as it deems appropriate, taking into consideration previous designations or recommendations made by the Donor/manager or his designees.

Donor/managers may also place in the project file a letter designating how funds are to be distributed in the event of the death of the Donor/managers.

The undersigned applicant understands that gifts to and disbursements from the Charitable Project will go only to qualified charitable organizations and/or activities which satisfy the requirements of the Internal Revenue Code, the regulations of the Internal Revenue Service, and the policies of **VESSEL CHRISTIAN FOUNDATION**. The undersigned applicant further understands that in order to qualify as a deductible contribution for income tax purposes, the ownership and custody of the donated funds and property must be fully relinquished to **VESSEL CHRISTIAN FOUNDATION**.

Policies, procedures, and forms of **VESSEL CHRISTIAN FOUNDATION** relating to distributions, investments, contributions, project administration, etc. may be found in the **VESSEL CHRISTIAN FOUNDATION** Policy Manual.

The undersigned applicant certifies that he has received a copy of the Policy Manual and has been fully apprised of the policies and procedures of **VESSEL CHRISTIAN FOUNDATION** by a member of the Board of Directors of the Foundation.

It is understood that the Donor/Manager is not an agent of **VESSEL CHRISTIAN FOUNDATION** and agrees that he will not represent that he is such an agent.

It is understood that the VESSEL CHRISTIAN FOUNDATION has exclusive legal control over all assets contributed to the Foundation.



APPLICANT:

Name: _____

Address: _____

Signature

Date

Telephone: Business _____ Home _____

Fax _____ E-Mail Address: _____



TO BE COMPLETED BY AN OFFICER OF THE FOUNDATION AND VESSEL CHRISTIAN FOUNDATION:

I hereby certify that the applicant is a person or organization of good reputation.

I recommend approval of this application by **VESSEL CHRISTIAN FOUNDATION'S** Board of Directors.

Signature

Date

This application is hereby approved effective this ____ day of _____, 20 ____.

NAME OF THE CHARITABLE PROJECT:

