



Cobb Community Impact Grant FUNDING AGREEMENT FOR ORGANIZATIONS

Thank you for your commitment to help fund new programs and expand existing programs for non-profits serving Cobb County with your contributions to the Cobb Community Impact Fund.

SECTION ONE: Donor Organization

<input type="text"/>					
Business or Organization Name					
Primary Contact for Organization (NOTE: all correspondence will be sent to Primary Contact unless otherwise specified)					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Salutation	First Name	Middle Name/Initial	Last Name	Suffix	Nickname
<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>
Address			City	State	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Position	Business Phone		Mobile Phone	Email Address	

SECTION TWO: Terms

The Donor desires to become a Cobb Community Impact Grant "Funder" and hereby affirm(s) the Donor's commitment to invest in the Cobb Community Impact Fund (the "Fund") through the giving plan outlined below. This agreement describes the intent and details of the Donor's support for the Fund and the Cobb Community Foundation (the "Foundation"). The Donor understands that the Foundation is a publicly funded charitable institution and is fully qualified to receive charitable gifts.

The Donor has chosen to support the Fund with:

- ☐ An annual investment of \$ (\$5,000, \$7,500 or \$10,000) for five years to fund a grant for five years.
- ☐ A one-time investment of \$ (\$25,000, \$37,500 or \$50,000) to fund a \$ (\$5,000, \$7,500 or \$10,000) grant for five years.

Annual investments may be accelerated at any time and may be made in cash or in kind; however, all contributions are subject to the Foundation's most recently adopted Gift Acceptance Policy.

The Foundation will provide an appropriate gift acknowledgment letter upon receipt of each new annual gift. Alternatively, the Donor may recommend a grant from a donor advised fund at the Foundation to the Cobb Community Impact Fund.

SECTION THREE: Name of Grant

Please indicate the name of your grant. All grant names will include "Community Impact Grant."

<input type="text"/>
Grant Name

SECTION FOUR: Anonymity

The Donor acknowledges that unless the Donor requests anonymity, Cobb Community Foundation will publish Donor information publicly."

☐ Donor requests anonymity.

SECTION FIVE: Optional Contribution to Cobb Community Foundation Operations

One hundred percent of your investment will be awarded as Cobb Community Impact Grants. Would you like to make a one-time donation to help defray the processing costs and expenses? The recommended amount is 5% of the first year's investment.

☐ Yes, I/we choose to support Cobb Community Foundation operations with an additional contribution of \$.

☐ No

SECTION SIX: Acknowledgments and Signatures

The Donor acknowledges that Cobb Community Foundation independently administers the application and selection process for the Cobb Community Impact Grant and that the Donor's funding of a grant has no influence over the determination of grant recipients.

DONOR ADVISOR ORGANIZATION

Authorized Officer Signature

Printed Name

Title

Date

Additional signatures only necessary if required by Donor Advisor Organization's Bylaws

Authorized Officer Signature

Printed Name

Title

Date

Authorized Officer Signature

Printed Name

Title

Date

FOR COBB COMMUNITY FOUNDATION, INC. (Executive Director or Officer of the Board):

Signature

Printed Name

Title

Date