

P.O. Box 334
224 W. Main St., Ste. 407
Lewistown, MT 59457



(406) 538-6130
cmtfoundation@midrivers.com

CENTRAL MONTANA FOUNDATION (CMF) PASS THROUGH ACCOUNT APPLICATION

- Organizations need not have acquired 501(c) status from Internal Revenue Service to have a pass through account with CMF, but must meet non-profit eligibility as defined by IRS. However, if your organization does have 501(c) status, please attach IRS determination letter.
- Non-profit organizations must be registered and in good standing with the Montana Secretary of State. Please attach certificate of good standing.
- Minimum balance \$2,500.
- Short-Term Account (maximum of 3 years).
- No interest earned on this account.
- Should there be no activity on the account for 12 consecutive months, the account may be closed and the fund balance transferred to the general fund of the Central Montana Foundation.

DATE:

ACCOUNT NAME:

ORGANIZATION EIN OR TIN:

CONTACT
PERSON:

Please provide CMF with the name, address and phone number and email address (if applicable) of the person(s) that will represent you who have the ability to make decisions and be the contact person for CMF should we have questions or concerns.

NAME:

PHYSICAL ADDRESS:

MAILING ADDRESS (if different than physical address):

CITY:

STATE:

ZIP:

PHONE:

EMAIL:

DESCRIPTION: Describe the anticipated amount of funds to be deposited, the source of funds, the purpose for which the fund is intended and the need for the tax-exempt status of the Central Montana Foundation (CMF).

RESTRICTIONS: Are there any restriction on the use of the funds? *Example: Operating purposes only, no capital expenditures, any program for the benefit of Central Montana youth, etc.*

**DURATION/
TERMINATION:** How long do you anticipate the fund to be in existence? *(Pass through accounts are designed for short-term projects lasting no more than three years. If you anticipate your project will last longer, please consider a permanent endowment application with CMF.)* Please be advised that should your organization cease to exist, any balance remaining in your fund will continue to be a part of CMF and be used at the discretion of the CMF Board of Directors unless otherwise instructed.

DEPOSITS: Describe the estimated individual dollar amount, frequency and total dollar amount of anticipated deposits. The deposits are to be made by CMF for proper accounting and investment control purposes. All deposits are to be approved and deposited by CMF.

WITHDRAWALS: Please provide an estimate of the number, frequency and dollar amount of withdrawals. All withdrawals must be approved by CMF and must be for an authorized purpose so as not to affect the tax-exempt status of CMF. The withdrawal must be made for a tax-exempt purpose. Withdrawals may not exceed the balance available in your account. A \$2,500 minimum balance must be maintained during the life of the account. The full balance will be returned to your organization when the account is closed. Please provide the names(s) of the person(s) authorized by your organization to initiate the withdrawal. The request for a withdrawal must be in writing and signed by the authorized person. Withdrawals are limited to three times per month.

INTEREST: Pass Through Accounts will not accrue interest.
AGREEMENT:

1. Depositor agrees to abide by the policies and procedures of CMF and the above described terms and conditions.
2. CMF has the final decision making authority.
3. CMF's tax identification number is not to be used for borrowing purposes.
4. CMF will provide account balances upon request. Any additional bookkeeping will be the responsibility of the donor.
5. CMF will not be responsible for providing payroll services, Workman's Compensation compliance, 1099 forms and reporting, W-2 forms and reporting or any other information required by any government entities.

Signed this _____ day of _____, 20_____ on behalf of

Name of Pass Through Account

Pass Through Account Authorized Signature

Pass Through Account Authorized Signature

Authorized Agent of CMF

Date approved by CMF Board of Directors

Return to Central Montana Foundation at P.O. Box 334, Lewistown, MT 59457. Applications postmarked by the 10th will be considered at the next regular meeting in the month received.