

Annual Affiliate Agreement Form



Name of Community Foundation _____

The Affiliate Advisory Committee has reviewed a copy of the **LCF Affiliate Policy and Procedure Manual** from the Montana Community Foundation.

The members of the Advisory Committee, either as a group or individually, have reviewed the manual and understand the policies and procedures of the Montana Community Foundation that pertain to all fund(s) managed by the Foundation on our behalf. We understand that our affiliate must follow these policies and procedures to operate under the Montana Community Foundation's legal and tax-exempt status. Failure to do so leaves individual Advisory Committee members potentially liable for violating IRS and other regulations.

The Advisory Committee agrees to follow the policies and procedures outlined in the manual to assist the Montana Community Foundation in adhering to the regulations from the IRS, FASB accounting standards, and the National Standards for U.S. Community Foundations.

By signing this form, I am verifying that each Advisory Committee member has completed a **Conflict of Interest Disclosure Statement**. We are attaching a current roster of all Advisory Committee members as requested in the Affiliate Policy & Procedures Manual with this form.

We understand that if we do not abide by these regulations, the Board of the Montana Community Foundation reserves the right to dissolve the Affiliate's Advisory Committee and take over the grantmaking and fundraising responsibilities of the Affiliate.

Affiliate Fund Representative (Signature)

Date

Affiliate Fund Representative (Print Name)

Please return this form to Maggie Sullivan, LCF Program Associate at maggie@mtcf.org
For questions, call Maggie at 406-541-7409