

2017 Membership Application

Southeastern Council
OF FOUNDATIONS



Connect · Engage · Inspire

Date: _____

Mission and Vision

Our Mission: The Southeastern Council of Foundations serves, connects, strengthens and champions philanthropy and philanthropic infrastructure in the South.

Our Vision: Our vision is to be a vibrant network, inspired, nurtured and led by SECF, serving as a valued resource to philanthropy in the South.

1. Organization Information *(Philanthropic Individual applicants should provide personal information.)*

Organization (Name): _____

Street Address: _____

City/State/Zip: _____

Primary Phone: _____

Primary E-mail: _____

Website (if available): _____

For Organizations Only

(financial information should reflect the end of the last full fiscal year)

Number of board members: _____ Total assets: _____

Number of paid staff members: _____ Total annual giving*: _____

Year established: _____ Total number of grants paid: _____

**For new foundations that have not begun making grants, please tell us where your grantmaking process stands.*

2. Membership category *(Please choose one.)*

- | | |
|--|--|
| <input type="checkbox"/> Community Foundation | <input type="checkbox"/> Health Legacy/Conversion Foundation |
| <input type="checkbox"/> Corporate Foundation/Giving Program | <input type="checkbox"/> Independent Foundation |
| <input type="checkbox"/> Donor-Advised Fund | <input type="checkbox"/> Operating Foundation |
| <input type="checkbox"/> Family Foundation | <input type="checkbox"/> Philanthropic Individual |
| <input type="checkbox"/> Giving Circle | <input type="checkbox"/> State or Local Grantmaker Association |
| <input type="checkbox"/> Grantmaking Public Charity | <input type="checkbox"/> Supporting Organization |

3. Program areas of support *(Choose all that apply.)*

- | | | |
|--|---|---|
| <input type="checkbox"/> Agriculture, Fishing & Forestry | <input type="checkbox"/> Health – Mental Health | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Arts & Culture | <input type="checkbox"/> Human/Civil Rights | <input type="checkbox"/> Science & Engineering |
| <input type="checkbox"/> Community/Econ. Development | <input type="checkbox"/> Human Services | <input type="checkbox"/> Social Sciences |
| <input type="checkbox"/> Education – Early Childhood | <input type="checkbox"/> Information & Communications | <input type="checkbox"/> Sports & Recreation |
| <input type="checkbox"/> Education – K-12 | <input type="checkbox"/> International Relations | <input type="checkbox"/> Youth Development |
| <input type="checkbox"/> Education – College & Univ. | <input type="checkbox"/> Philanthropy/Nonprofit Mgmt. | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Environment & Animals | <input type="checkbox"/> Public Affairs | |
| <input type="checkbox"/> Health – General | <input type="checkbox"/> Public Safety | |

4. Geographic areas of support (Choose all that apply.)

- Local
- Statewide
- Regional (multi-state)
- National
- International
- Other (specify): _____

5. Contact information

To ensure that we send materials to the appropriate people at your organization, please provide us with current contact information in the section below. Unless you specify otherwise, every person included in this section will receive *Connect*, our weekly e-mail newsletter, and other e-mail communications appropriate to your organization. The primary contact will receive a print copy of *Inspiration*, our quarterly magazine. If you specify a separate dues contact, letters and notices related to dues payment and renewal will be sent to that person in addition to the primary contact.

Primary Contact

Name: _____
Title: _____
Street Address: _____
City/State/Zip: _____
Phone: _____ Email: _____

Dues Contact (If different from primary contact; this person should receive dues-related invoices and notifications.)

Name: _____
Title: _____
Street Address: _____
City/State/Zip: _____
Phone: _____ Email: _____

Other Contacts (Trustees, staff and others who should receive SECF communications; attach additional pages if necessary.)

Name: _____
Title: _____
Street Address: _____
City/State/Zip: _____
Phone: _____ Email: _____

Name: _____
Title: _____
Street Address: _____
City/State/Zip: _____
Phone: _____ Email: _____

Name: _____
Title: _____
Street Address: _____
City/State/Zip: _____
Phone: _____ Email: _____

Name: _____
Title: _____
Street Address: _____
City/State/Zip: _____
Phone: _____ Email: _____

6. Dues Worksheet

Minimum dues are \$600 and maximum dues are \$9,600. Dues cover the calendar year. Renewals are billed annually in December for the coming year. New members may pro-rate their dues based on the number of months remaining in the calendar year (unless paying the minimum dues amount). Since SECF is a 501(c)(3) organization, dues may be treated as a grant. SECF's federal tax ID is 56-0995114.

6.1 Dues for private foundations (family, corporate, independent), corporate giving programs, giving circles or philanthropic individuals.

Membership dues for these groups are based on the average of grants or contributions paid over the past three years for which information is available. National and international corporations and foundations may base their dues on grants made in or to benefit the Southeast (the 11 states which we serve).

Calculate your three-year giving average

Total grants/giving (fiscal year 1): \$ _____

Total grants/giving (fiscal year 2): \$ _____

Total grants/giving (fiscal year 3): \$ _____

TOTAL: \$ _____

Divide by 3 for your average: \$ _____

If your average is: Your dues are:

Up to \$250,000	\$600
\$250,000 - \$500,000	\$1,200
\$500,001 - \$750,000	\$1,800
\$750,001 - \$1,000,000	\$2,400
\$1,000,001 - \$1,250,000	\$3,000
\$1,250,001 - \$1,500,000	\$3,600
\$1,500,001 - \$1,750,000	\$4,200
\$1,750,001 - \$2,000,000	\$4,800
\$2,000,001 - \$2,250,000	\$5,400
\$2,250,001 - \$2,500,000	\$6,000
\$2,500,001 - \$2,750,000	\$6,600
\$2,750,001 - \$3,000,000	\$7,200
\$3,000,001 - \$3,250,000	\$7,800
\$3,250,001 - \$3,500,000	\$8,400
\$3,500,001 - \$3,750,000	\$9,000
More than \$3,750,000	\$9,600

6.2 Dues for community foundations, health legacy foundations, operating foundations, grantmaking public charities and supporting organizations.

Membership dues for community foundations, health legacy foundations, operating foundations, grantmaking public charities and supporting organizations are based on all component fund assets as computed at the end of the most recent fiscal year, excluding so-called pass-through funds and the assets of certain supporting organizations whose assets do not appear on the balance sheet.

If your assets are: Your dues are:

Up to \$15,000,000	\$600
\$ 15,000,001 - \$30,000,000	\$1,200
\$ 30,000,001 - \$45,000,000	\$1,800
\$ 45,000,001 - \$60,000,000	\$2,400
\$ 60,000,001 - \$75,000,000	\$3,000
\$ 75,000,001 - \$100,000,000	\$3,600
\$ 100,000,001 - \$125,000,000	\$4,200
\$ 125,000,001 - \$150,000,000	\$4,800
\$ 150,000,001 - \$175,000,000	\$5,400
\$ 175,000,001 - \$200,000,000	\$6,000
\$200,000,001 - \$250,000,000	\$6,600
\$250,000,001 - \$300,000,000	\$7,200
\$300,000,001 - \$350,000,000	\$7,800
\$350,000,001 - \$400,000,000	\$8,400
\$400,000,001 - \$450,000,000	\$9,000
More than \$450,000,000	\$9,600

6.3 Dues for state or local grantmaker organizations.

State or local grantmaker organizations eligible to be members of SECF pay \$600 in annual dues.

PLEASE ENTER YOUR DUES HERE: \$ _____

7. Payment Information

Please make your check payable to Southeastern Council of Foundations and note "membership dues" on the check. If you would like to pay by credit card, please call (404) 524-0911.

8. Required Documentation (Please submit the following materials along with your completed application and payment. All information is kept confidential.)

For all types of foundations:

- A copy of your most recent IRS Form 990PF or 990 for established foundations
- A description of your grantmaking program (for private operating foundations, provide a description of your philanthropic activities)
- A list of recent grants
- An annual report with audited financial statements, if available

For state and local grantmaker organizations:

- A current 501(c)(3) determination letter
- A list of board and staff members

For giving circles, corporate giving programs and philanthropic individuals:

- A description of your giving
- A list of recent grants or contributions

Code of Conduct, Statement of Intent and Verification

By signing below, you agree that, if approved for membership, you and all others affiliated with your organization will comply with SECF's Code of Conduct and understand our Statement of Intent, as follows:

Code of Conduct

The Southeastern Council of Foundations is composed of a broad and diverse membership of grantmakers. At our core, we are a community of grantmakers connecting with each other to improve the practice of grantmaking in the Southeast.

At our meetings and events, we also welcome visitors from other organizations – which are not members – that participate as presenters or participants. SECF strives to create a comfortable place for all Members, visitors, and others engaged in philanthropy to exchange experiences and ideas and engage in conversations that are welcoming and of benefit to all participants. As such, SECF is not a venue for grant seekers, fundraisers, or other types of charitable solicitations during any of its meetings, events or through its publications nor is it an appropriate venue to conduct political activities. We ask that our Members and visitors not solicit at SECF-sponsored events or programs and that Members and visitors not use information obtained through their SECF membership or participation in SECF events for charitable, business or other solicitations outside of those events.

Statement of Intent

The Southeastern Council of Foundations strives to support Members and grantmakers with access to education, resources and networking by serving as a convener and facilitator, offering a diverse range of voices and perspectives. We do not endorse colleague organization views, but rather aim to provide access to a broad range of information and resources to increase grantmaking impact and develop philanthropic leaders throughout the region.

Signature: _____

Date: _____

Send this completed application, dues payment and documentation requested in Section 8 to:

Jaci Bertrand
Director of Member Engagement
Southeastern Council of Foundations
100 Peachtree Street, Suite 2080
Atlanta, GA 30303

If you have questions, please contact Jaci at jaci@secf.org or (404) 524-0911.

How did you hear about us?

- Referred by an SECF member (Name/Foundation: _____)
- A colleague from another organization (Name/Organization: _____)
- An SECF publication
- An SECF e-mail
- Attended an SECF event
- Heard an SECF member or staff person speak at a conference or meeting
- A professional advisor:
____ Legal ____ Financial ____ Accounting (Name/Firm: _____)
- Received a membership mailing
- Another organization (please specify): _____

Membership Eligibility & Application Process Review

Eligibility

SECF membership is open to grantmaking philanthropic organizations, or philanthropic individuals, headquartered or with giving programs in the Southeast. The 11 states in our region are Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee and Virginia. SECF represents a wide range of organizational grantmaking members. Constituencies within SECF membership include:

- Bar association foundations
- Community foundations
- Corporate foundations and giving programs
- Donor-advised funds
- Giving circles
- Grantmaking public charities
- Health legacy (or health conversion) foundations
- Operating foundations
- Philanthropic individuals
- Private and family foundations
- State and local associations of grantmakers
- Supporting organizations

The following criteria also apply:

1. *A prospective member's core interest in joining SECF is a desire to improve the quality of its own grantmaking, to improve the field of grantmaking, and to support the people, communities and nonprofits in the South.*
 - a. As such, the organization will not use its membership to solicit donations, market itself, or otherwise seek benefits other than those stated in SECF's mission.
 - b. The organization agrees to abide by and be held accountable to the SECF's Statement of Principles and Code of Conduct.
2. *A significant portion of the prospective member's mission is to make charitable grants and/or awards to unaffiliated entities in its service area.*
 - a. The organization accepts solicited and/or unsolicited applications, within its funding priorities.
 - b. The organization does not restrict its giving solely to subsidiary chapters, member organizations, or affiliates.
 - c. The organization makes at least two grants annually to organizations with which it is not affiliated.
3. *The organization is not directly governed by a governmental entity.*
 - a. The organization is governed by an independent board not controlled by a unit of government or by a governmental agency.
 - b. The organization's grantmaking and other decisions are made by the board (or by a group designated by the board) and not directed by a unit of government or by a governmental agency.

- c. Funding for the organization may come from a governmental entity, but the organization's decision making and leadership must be largely independent.
4. *Grants totaling at least \$25,000 are made annually to non-affiliated grantees.*

Review Process

SECF's staff and membership committee review membership applications and make a recommendation to the SECF board for approval of membership. SECF's board of trustees meets up to four times per year. After an initial review, eligible grantmakers will be allowed provisional status in the months before the board's final approval. No organization that meets the eligibility criteria will be denied membership. The applicant will receive an e-mail message confirming receipt of the application as soon as it reaches our offices.

Thank you for completing this application and for your interest in SECF!