



LIFE & LEGACY™ PARTNERSHIP APPLICATION

Applications and attachments are due in full by
Wednesday February 25, 2015

Please return completed application to:
Rachel Rabinovich, LIFE & LEGACY Program Director
Mail: Jewish Community Foundation of Greater Phoenix
12701 N. Scottsdale Road, Suite 202, Scottsdale, AZ 85254
Email: rrabinovich@jcfphoenix.org
Fax: 480-699-1807
Phone: 480-699-1717 ext. 1405

Mark Sklar, Co-Chair, LIFE & LEGACY Program
Jonathan Hoffer, Co-Chair, LIFE & LEGACY Program
W. David Weiner, Chair, Board of Directors, Jewish Community Foundation of Greater Phoenix
Richard Kasper, President & CEO, Jewish Community Foundation of Greater Phoenix

LIFE & LEGACY PARTNERSHIP APPLICATION

Organization Information Sheet:

Name of Organization: _____

Year Established: _____

Mailing Address: _____

Telephone #: _____ Fax #: _____

Website: _____

President/Board Chair (Lay Leader): _____

Rabbi(s) (if applicable): _____

Executive Director or CEO: _____

Head of School (if applicable): _____

Development Director (if applicable): _____

Number of Individuals/Members Served: _____

Number of Donors (above paying dues or tuition): _____

Mission Statement: _____

Please answer all the following questions. Feel Free to use more space as needed.

I. Demographics

Please describe your organization's member/donor/client/student demographics.

(For example: age ranges, various constituencies, students, empty-nesters, families with young children, etc.) Please provide numbers as well as a narrative.

2. Please describe your organization's current fundraising activities including:

a. What is your current fiscal year fundraising goal?

Please list the total dollar amount: \$ _____

b. Please breakdown the amount above:

i. Membership/Tuition: \$ _____

ii. Direct Fundraising: \$ _____

c. What was your fundraising goal *last fiscal year*?

Please list the total dollar amount: \$ _____

d. How much did you raise *last fiscal year*?

Please list the total dollar amount: \$ _____

Please list the number of donors: _____

Please breakdown the amount above:

i. Membership/Tuition: \$ _____

ii. Direct Fundraising: \$ _____

e. How many annual donors does your organization have?

Consecutively over five years: _____

Consecutively over ten years: _____

f. Please list the number and percentage of board members that contributed to your campaign: _____

- g. Please list and describe your organization's fundraising activities including special events, galas, mailings, face to face conversations, marketing efforts, etc.: _____

3. At what donation level do you consider a donor to be a "major donor"? \$ _____

- a. According to your definition above, how many major donors does your organization have? _____
- b. Do you have a donor recognition structure in place? _____ Yes _____ No
If yes, please describe how you recognize major gifts: _____

4. Endowment Funds:

- a. Does your organization currently have an endowment? _____ Yes _____ No
- b. Does your organization currently have, or is contemplating, an endowment campaign?
_____ Yes _____ No
- c. If yes, who are the lay leaders and staff running the campaign? _____

- d. What is the current balance of all endowment funds that have been set aside for your organization? \$ _____
- e. How many individual donors have contributed to the endowment fund this fiscal year?
_____ Total dollar amount? \$ _____
- f. How were the endowment funds raised? For example: Special events, galas, mailings, face to face conversations, marketing efforts, etc. Please list and describe the activities and dates: _____

- g. What is your organization's endowment spending policy? _____

- h. Are your endowment assets professional managed and if so by whom? _____

- i. Do you have an investment oversight committee? _____ Yes _____ No
 If yes, what is the name of the Chair? _____
 Frequency of meetings _____

5. Bequests and Planned Gifts:

- a. Has your organization been promised bequests or other endowment gifts? _____ Yes
 No
 If yes, please list the total dollar amount of expectancies: \$ _____
 Please list the number of donors: _____
- b. Has your organization received realized bequests or other endowment gifts in the last five years? _____ Yes
 No
 If yes, please list the total dollar amount (value of gifts): \$ _____
 Please list the number of donors: _____
- c. Do you have a system and a designated staff person responsible for documenting expected legacy gifts? Please explain. (For example: copies of bequests, copies of wills, letters of intent, estate plans, etc.) _____

- d. Do you have a donor recognition program for bequests or endowment gifts? What does it consist of? (Names listed in print, on a wall, plaques, etc.) _____

6. LIFE & LEGACY Internal Team-REQUIRED

Create a LIFE & LEGACY Internal Team at your organization. On your team you will need the following 4 people (at the minimum):

- 1 PROFESSIONAL staff member designated as the LIFE & LEGACY Staff Liaison
- 1 LAY LEADER to serve as the Chair of your LIFE & LEGACY Internal Team
- 2 LAY LEADERS to serve as LIFE & LEGACY Internal Team Members

1. Professional LIFE & LEGACY Staff Liaison

Name: _____

Job Title/Role: _____

Years employed by organization: _____

Work Phone #: _____ E-mail: _____

2. Chair of your Internal Legacy Team Member

Name: _____

Current Role: _____ Years of active involvement: _____

Preferred Mailing Address: _____

Best E-mail: _____ Best Phone number: _____

3. Internal Legacy Team Member #1

Name: _____

Current Role: _____ Years of active involvement: _____

Preferred Mailing Address: _____

Best E-mail: _____ Best Phone number: _____

4. Internal Legacy Team Member #2

Name: _____

Current Role: _____ Years of active involvement: _____

Preferred Mailing Address: _____

Best E-mail: _____ Best Phone number: _____

You are encouraged to have more than 4 members. Please list any additional members on a separate sheet.

Have all of the individuals listed above been apprised of your application and their potential involvement in this program? _____ Yes _____ No

Additional Questions:

Can your Internal Legacy Team commit to all of the following?

- a. Attend all group training sessions and individual team meetings with HGF/JCFGP Staff? _____ Yes _____ No
- b. Each lay leader commit to a legacy gift within the first year of the program? _____ Yes _____ No
- c. Actively participate in legacy gift conversations with donors? _____ Yes _____ No

Is your organization willing to commit to all of the following?

- a. Establishing board-approved written gift acceptance and endowment policies and procedures. (to be developed during this program) _____ Yes _____ No
- b. Incorporating the LIFE & LEGACY marketing and legacy messages into your organization's culture? This includes adding/attaching the logo and legacy language into your brochure, website, website links, signage (banners/ posters in lobby), messaging on your letterhead, e-signature, newsletters, etc.? _____ Yes _____ No
- c. Willing to ask your organization's Board members to consider committing to a legacy gift within the first year of the program? _____ Yes _____ No

- 7. Has your organization's President/Board Chair, Rabbi, Executive Director/CEO, Head of School and Development Director (if applicable) been apprised of your application and potential involvement in this program?** _____ Yes _____ No

* Signatures required below

8. Partnership:

If accepted to be a partner with the LIFE & LEGACY program, in addition to signing a *Brit Kodesh* (partnership agreement), you will be asked to provide the following information:

- a. List of all current board members
- b. General email address specific to legacy inquiries:
This email address may be printed on your customized LIFE & LEGACY brochures for inquiries. Example: legacy@organization.org or LIFE&LEGACY@organization.org
- c. A phone number for legacy inquires. This phone number may be the appropriate staff member's direct line or any number that a donor can call for information about creating a legacy gift.
- d. Electronic file of your organization's full color logo, high resolution, in 300dpi
Your organization's logo will be included in LIFE & LEGACY print and web materials.
- e. Your mission statement, to be included in some LIFE & LEGACY marketing materials where space permits. Please limit to 2-3 sentences.
- f. Brochure, collateral, letterhead, fundraising and any other marketing material copies.
- g. Additional information may be requested on an as needed basis.

The following signatures (where applicable) are required in order to submit this application:

Printed Name of President/Board Chair Signature

Printed Name of Rabbi Signature

Printed Name of Executive Director/CEO Signature

Printed Name of Head of School Signature

Printed Name of Development Director Signature

Applications and requested attachments are due in full by:

Wednesday, February 25, 2015

You will be notified of your acceptance no later than:

Friday, March 6, 2015

The electronic file of your organization's full color logo, high resolution, in 300dpi will be due at that time.

Please return completed application to:

Rachel Rabinovich, LIFE & LEGACY Program Director

Mail: Jewish Community Foundation of Greater Phoenix
12701 N. Scottsdale Road, Suite 202, Scottsdale, AZ 85254

Email: rrabinovich@jcfphoenix.org **Fax:** 480-699-1807