

# Annual Affiliate Agreement Form



Affiliate Name: \_\_\_\_\_

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

The members of the Advisory Committee, either as a group or individually, have reviewed the manual and understand the policies and procedures of MCF that pertain to all fund(s) managed by MCF on our behalf. We understand that our community foundation must follow these policies and procedures to operate under MCF'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 MCF in adhering to the regulations from the IRS, FASB accounting standards, and 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**. In addition, I am 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, MCF's Board reserves the right to dissolve the Affiliate's Advisory Committee and take over the grantmaking and fundraising responsibilities of the Affiliate.

\_\_\_\_\_  
Affiliate Fund Representative (Print Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Affiliate Fund Representative (Signature)

Please return this form to Shyanne Wallace, Local Community Foundations Program Officer at [shyanne@mtcf.org](mailto:shyanne@mtcf.org).