



Intrepid Ideal Community Fund Guidelines

► Mission Statement

The mission of the Intrepid Ideal Community Fund is to advance philanthropic solutions to our community's needs, by continuously striving to create the Intrepid vision of an "ideal" community which includes safety, opportunity, and care for all citizens.

► Objectives

- Increase charitable giving in our community
- Afford employees the opportunity to support cherished causes and local needs in an informed, active way
- Allow employees to utilize pre-tax payroll deductions to contribute to charitable organizations

► About

The Intrepid Ideal Community Fund (ICF) is a "Donor Advised Fund" managed by the Community Foundation of Huntsville/Madison County. The fund will make regular grants on a quarterly basis to qualifying 170(c)(2), 501(c)(3), 2055(a)(2) or 2522(a)(2) organizations, based on applications received by Intrepid. It is the intent of the ICF to keep a portion of funds in reserve for emergency needs such as natural disasters.

► Target Philanthropies

Intrepid will show preference to local organizations that can prove need, and can give Intrepid a tangible outcome directly related to the funds requested.

► Fund Management

The Company

Intrepid, LLC does not participate in an official capacity in the management of the Ideal Community Fund. The role of The Company is to facilitate communication, make payroll deductions from donors at limits authorized by donors, and pay 100% of the fund's administration fees. The Company also reserves the right to make donations to the fund at its discretion.

Advisory Committee

The fund will be managed by an Advisory Committee. It is Intrepid's intent that Committee Members will represent either separate business units and/or work locations in order to ensure all employees are well represented. The Committee reviews all grant requests and is responsible for determining which applications are viable, and are passed on to fund donors for vote. Committee members with close ties



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to any organization requesting donations will recuse themselves from participating in determining viability of that request. A recused committee member may still vote as an employee donor.

Executives at the first and second level of management are discouraged from participation in the Advisory Committee to maintain a clear separation between the management of the company from the management of the fund.

Advisory Committee Chairperson

The Chairperson, who also serves as a Committee Member, is responsible for passing along final recommendations for grants to the Community Foundation, and will serve as an official communicator to The Company and Donor Participants. Chairpersons are elected by the Advisory Committee, and while the Chairperson will participate in vetting of applications, he or she will cast tie breaker votes only.

Committee Service Terms

Committee Members will serve one year terms. Members can serve more than one year so long as service years are non-consecutive. A Committee Chairperson's term lasts two years, and may serve more than one term so long as the terms are non-consecutive.

Donor Participants

Donor Participants include any Intrepid Employee-Owner who makes a contribution to the fund within the given fiscal year. Contributions to the fund are irrevocable. Donor Participants have the right to vote on any grant requests submitted for consideration by the Advisory Committee. The responsibilities of Donor Participants include careful consideration of fellow co-workers to serve on the Advisory Committee, as well as the applications put forward by the Committee.

► Financial Management

All donated funds will be managed by Intrepid and transferred to the fund at regular intervals. Employees will have the option to use pre-tax payroll deductions, or check/cash lump sum donations.

► Managing Multiple Locations

Intrepid is currently Headquartered in Huntsville, Alabama. This means the primary beneficiaries of the Fund's charitable donations will go toward local North Alabama efforts. Employees not located in North Alabama will have the option of establishing a fund for their own locations, providing that the \$10,000 start-up funds can be raised in that location.

► Eligibility

- Must be a non-profit organization recognized under section 501(c)(3) of the Internal Revenue Code and contributions shall be deductible by donors under section 170 of the Internal Revenue Code.



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- Must be a community-based organization operating in the area of at least one Intrepid, LLC Employee's Residence.
- Services rendered by agency must be open to all members of the community regardless of sex, race, religion, political affiliation, ability to pay or background.

Intrepid Ideal Community does not fund:

- Athletic teams, booster clubs or support organizations
- Campaigns (including United Way)
- Religious or political organizations
- Fraternities, sororities and alumni groups
- Human societies or organizations
- Ministries, theological or bible schools
- Pledges, tithes
- Administrative or continuing education tuition
- Professional associations
- School choirs, bands or drill teams
- Scouting organizations
- Subscriptions, dues, insurance premiums or student fees
- Travel, gifts-in-kind (real estate, personal property other than securities or personal services)
- Membership or subscription portion of a donation

The ICF may allow applicants that do not qualify for a grant based on ICF Guidelines, but do qualify based on Community Foundation of Huntsville/Madison County Terms and Conditions, to be allowed access to grant funds. Access would only be granted if 100% of ICF participants responding to a survey agreed to allow the exception.

Rules of Compliance for Organizations Receiving Fund Grants

Ideal Community Fund (ICF) monies must be expended only for those purposes, and at only the location, stated by the Applying Organization in its Grant Application. No ICF Grant Monies may be shared with or sent to an Organization's national headquarters or other branch offices without explicit, written approval of the ICF Advisory Committee. The Applying organization must agree to furnish audits and other financial information as outlined in the Application and/or as requested by Intrepid ICF. All financial information provided to Intrepid ICF will be held strictly confidential.



Intrepid Ideal Community Fund Grant Application

Applicant Information

Agency's Name: _____ Date: _____

Address: _____

Street Address

City: _____ State: _____ ZIP Code: _____

Phone: () _____ E-mail Address: _____

Point of Contact: _____ Agency Website: _____ National Headquarter: _____

Referral (Intrepid Employee's Name): _____

Information	Board President (Chairperson)	Executive Director
Name		
Address		
Telephone		

1. Does the organization have a current 501(c) (3) status; and are contributions deductible by donors under section 170 of the Internal Revenue Code:

(PLEASE ATTACH A PHOTOCOPY OF THE ORGANIZATION'S COMPLETE IRS DETERMINATION LETTER)

YES NO If No, please
 explain:

2. Is the organization a local affiliate of a national organization?



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YES NO

3. Is the organization managed, operated, controlled, or affiliated with one of the following: *(religious, civic, political, tax supported, labor, fraternal, or educational institution/organization?)*

YES NO If Yes, please
 explain:

4. Are the services/benefits you provide in any way based upon a beneficiary's affiliation with any of the following: *(religious, civic, political, tax supported, labor, fraternal, or educational institution/organization?)*

YES NO If Yes, please
 explain

5. Please describe the purpose(s) and major program(s) of your organization in a 100-150 word write up. Please include, "Who we are, what we do, and what you intend to use the requested funds for." This write up will be used to evaluate your organization. *(You may attach literature, brochures along with description)*

6. Please provide a full description of your requested grant amount and a breakdown of use of funds and costs.

7. If your organization receives an Intrepid Ideal Community Fund Grant, what is the time frame or schedule to use the funds?

8. What region, location and/or client group will be served by the program(s) for which this Grant application is being submitted?

9. If issued an Intrepid Ideal Community Fund Grant, the organization will be required to provide, within 60 days after utilizing Grant funds, a report describing the use of the funds. Photographs of utilization should be submitted. Submissions of such information implies permission for Intrepid Ideal Community Fund to use on website or other information sites. Is your organization willing to comply with the requirements?



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10. Please provide names, addresses and telephone numbers of three individuals outside your Organization who are knowledgeable of your program(s).

11. Please provide data that depicts as percentages how much of your budget is spent on program activities, fundraising, and operational costs. If multiple programs, fundraising events, and types of operating costs exist then please breakout those respective costs.

12. Please attach the following information:

- A. Latest IRS Form 990 and Schedule A
- B. Latest "Statement of Financial Position" or Balance Statement), listing all assets and liabilities.
- C. Latest "Statement of Activities: or (Income Statement), listing all revenue types and sources, expenditure outlays, and year-end profit or loss.
- D. Budget for Current Fiscal Year. Please identify any income sources that are not firm commitments.

13. Optional: Please include or provide a link to a video/YouTube video if you'd like it to be considered with your application. This doesn't have to be a big time production, it can just be a simple cell phone video of a member of your group describing your mission statement and the impact an Intrepid Ideal Community Fund Grant could make or even of your organization in action helping the community.

Disclaimer and Signature

All financial information will remain confidential within the Intrepid Ideal Community Fund Advisory Committee

We certify that all information on this Application is true and accurate, and agree to comply with all requirements of this Application

Signature of Authorized Official

Date

Signature of Board President/Chairperson

Date