

Community Foundation Membership Overview

Community foundations serving donors and communities within the Philanthropy Southwest region are eligible for membership. Eligible organizations maintain and steward charitable funds, make grants in support of their communities, and operate as tax-exempt public charities. Membership is available to community foundations located in or serving the Southwestern United States (Arkansas, Arizona, Colorado, Nevada, New Mexico, Oklahoma, Texas, and Utah).

Application Requirements

Applicants for membership are asked to include the following as part of the application process:

- Completed application form
- Current IRS determination letter
- Most recent IRS Form 990, including all schedules
- A current listing of board members and staff

If your foundation has not yet filed a 990, but has begun making grants, a statement detailing grant activity will suffice.

Dues are based on the average total asset size over the past three fiscal years, as reflected in the payment scale outlined below.

Range of Average Total Assets	2026 Annual Dues
< \$10M	\$550
\$10M - \$30M	\$1,500
\$30M - \$60M	\$2,500
\$60M - \$100M	\$3,500
\$100M - \$300M	\$4,500
\$300M - \$600M	\$5,500
\$600M - \$999M	\$7,000
\$1B and above	\$9,500

Returning Application for Membership

Please return all completed application forms and supporting documents to Amanda Esaena, Vice President, at amanda@philanthropysouthwest.org or mail to--

Philanthropy Southwest
3000 Pegasus Park Drive
Suite 706
Dallas, Texas 75247

All applications are reviewed by the Membership Committee and approved by the Board of Directors. For questions about membership, the application process, or dues structure, please call the Philanthropy Southwest office at 214-740-1787.

Information

Organization Name: _____

Address: _____

City, State, Zip Code: _____

Website address: _____ Employer ID Number (EIN): ____ -- _____

Year Established: _____ Year IRS Classification Received: _____

Contact Person: _____ Phone Number: _____ Ext: _____

Title: _____ Email: _____

Membership in Philanthropy Southwest was referred by:

Name: _____ Organization: _____

Phone number: _____ E-mail (if available): _____

Foundation Assets

Assets as of last fiscal year:

Fiscal Year Ending	Assets (\$)	Grants (\$)
_____	_____	_____

Dues are determined by AVERAGING your total assets, as reported on IRS Form 990 (Part I, Line 20), over the past three fiscal years. Based on your organization's annual tax return, please provide the total asset figures for the most recent three years.

Fiscal Year 1: _____ Assets: \$ _____

Fiscal Year 2: _____ Assets: \$ _____

Fiscal Year 3: _____ Assets: \$ _____

Three Year Average: \$ _____

Upon membership approval, Philanthropy Southwest will invoice the organization for dues payment.

Program Activity

Program Focus: _____

Principal activities: _____

Does the foundation provide, participate in, or fund any of the following? (Check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Capital Grants | <input type="checkbox"/> Collaborative Funds | <input type="checkbox"/> Endowment Funds |
| <input type="checkbox"/> Donor Advised Funds | <input type="checkbox"/> Giving Circles | <input type="checkbox"/> Scholarship Funds |
| <input type="checkbox"/> Fiscal Sponsorship | <input type="checkbox"/> Other: _____ | |

What is the timeframe of the organization's grantmaking process? (Check all that apply)

- | | | | |
|-----------------------------------|--|--|---|
| <input type="checkbox"/> Annual | <input type="checkbox"/> Bi-Annual | <input type="checkbox"/> By- Invite Only | <input type="checkbox"/> Letter of Inquiry/Interest |
| <input type="checkbox"/> On-Going | <input type="checkbox"/> On-line Grant Application | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Other: _____ |

Funding Region & Categories

Primary geographic service area: National State Local , cities or counties (list below):

Select primary strategic initiatives, community focus areas, or grantmaking categories:

- | | |
|---|--|
| <input type="checkbox"/> No primary focus; community-responsive programming and grantmaking (all apply) | <input type="checkbox"/> Health: General & Rehabilitative |
| <input type="checkbox"/> Aging | <input type="checkbox"/> Health: Disease / Disorders / Medical Disciplines |
| <input type="checkbox"/> Animal Protection & Welfare | <input type="checkbox"/> History / Archaeology |
| <input type="checkbox"/> Arts / Culture / Humanities | <input type="checkbox"/> Housing / Homelessness |
| <input type="checkbox"/> Civil Rights / Social Action / Advocacy | <input type="checkbox"/> Human Servies |
| <input type="checkbox"/> Communications/ Media | <input type="checkbox"/> Early Childhood |
| <input type="checkbox"/> Community Improvement / Capacity Building | <input type="checkbox"/> Youth |
| <input type="checkbox"/> Crime / Legal Related / Juvenile or Social Justice | <input type="checkbox"/> Adults |
| <input type="checkbox"/> Disaster Preparedness / Relief | <input type="checkbox"/> Elderly |
| <input type="checkbox"/> Educational Institutions | <input type="checkbox"/> Women & Girls |
| <input type="checkbox"/> Education | <input type="checkbox"/> Immigration / Refugees |
| <input type="checkbox"/> Early Childhood | <input type="checkbox"/> International/ Foreign Affairs |
| <input type="checkbox"/> Higher Education | <input type="checkbox"/> Libraries / Library Science |
| <input type="checkbox"/> Kinder – 12 | <input type="checkbox"/> Medical Research |
| <input type="checkbox"/> After School / Out-of-School Time | <input type="checkbox"/> Mental Health / Crisis Intervention |
| <input type="checkbox"/> STEM | <input type="checkbox"/> Non-Profit Capacity-Building |
| <input type="checkbox"/> Employment / Workforce Development | <input type="checkbox"/> Public Policy Research & Analysis |
| <input type="checkbox"/> Environmental Quality / Protection / Sustainability | <input type="checkbox"/> Public Safety / Violence Prevention |
| <input type="checkbox"/> Equity & Inclusion: Racial /Ethnic /Gender / LGBTQ | <input type="checkbox"/> Recreation / Sports / Leisure / Athletics |
| <input type="checkbox"/> Faith-Based Ministries / Spiritual / Religion Related | <input type="checkbox"/> Rural Development |
| <input type="checkbox"/> Families & Children | <input type="checkbox"/> Science & Technology |
| <input type="checkbox"/> Financial Literacy / Asset Building | <input type="checkbox"/> Social Science Research Institutes |
| <input type="checkbox"/> Food / Agriculture / Nutrition | <input type="checkbox"/> Urban Planning / Development |
| <input type="checkbox"/> Health: Access & Care | <input type="checkbox"/> Veterans |
| | <input type="checkbox"/> Women's Issues |
| | <input type="checkbox"/> Youth Development |
| | <input type="checkbox"/> Other: _____ |

Documentation

Is there any pending or anticipated legal or regulatory action against the organization?

No Yes (If yes, please describe on a separate sheet of paper.)

Does the organization have a current IRS determination letter?

No Yes, attached to application form

Does the organization have a recent 990 form?

No Yes, attached to application form

Is there a list of the organization's officers, trustees, and staff attached to the application?

No Yes (Please include email addresses for all staff members.)

I certify that the above-listed organization operates in compliance with all applicable local, state and federal laws and regulations. I agree that representatives of this organization will not use their Philanthropy Southwest membership as a vehicle for solicitation of other Philanthropy Southwest members.

Authorized Representative's Name: _____

Title: _____

Date: _____