

Form MGF-1

**Local Master Gardener Program Establishing Fund Account with Minnesota 4-H Foundation
New Account Set-Up Form**

This form is used to request the set-up of a new local Master Gardener Program Fund with the Minnesota 4-H Foundation.

Fund Title: _____ Master Gardener Program
(Please put the name of your county or local Master Gardener group in the line above.)

Fund Use: The exclusive use of money deposited in this fund is to support University of Minnesota Extension activities of the _____ Master Gardener Program. Funds may be used for general operating needs, scholarships, special projects, other educational programs of this Master Gardener program, or as specifically identified by the donor. Gifts may be contributed to this fund at any time.

Administration: Minnesota 4-H Foundation administers these funds according to the memorandum of agreement between the Minnesota 4-H Foundation and the University of Minnesota Extension Master Gardener Program. A fiscal management fee is assessed by the Minnesota 4-H Foundation on all gifts coming into the fund.

Authorized Signers: The Minnesota 4-H Foundation requires an authorized signer to access money from this fund. The authorized signer for this fund will be the State Master Gardener Program Manager. In an unusual situation when it is not possible to obtain the authorized signer’s signature, the State Master Gardener Director or the Dean of Extension are authorized to do so.

Minimum Deposit: To set-up a fund, a **minimum initial gift of \$100** is required. The initial gift should be enclosed with this fund request set-up form and a completed “gift and transmittal” form. The check should be made payable to: **Minnesota 4-H Foundation – Master Gardener**. Put the local/county group name in the memo line.

Contact for Questions: David Moen, State Master Gardener Program Manager
(763) 767-3874 or moenx010@umn.edu

This request is submitted by the person below who will serve as the local contact for this local fund:

(Print Name) _____ Date: _____

Position with local Master Gardener program: _____

Mailing Address: _____ e-mail: _____
_____ zip: _____

Local MG Checking Account EIN# _____

Name of local Master Gardener program banking institution: _____

Signature: _____ Date: _____

Authorized Approval I authorize establishment of this fund set-up request. Signature: _____ Date: _____
