

Princeton Area Community Foundation

promoting philanthropy
to advance the well-being
of our communities forever

FUND AGREEMENT

Date: _____

Fund Name: _____

Establish a new fund Update fund information

SECTION 1: Type of Fund

- Community Grantmaking Designated Advised
 Scholarship Field of Interest Community Foundation Future Fund

(For other fund types not listed here, please call the Community Foundation at 609-219-1800)

SECTION 2: Contact Information

The Fund Advisors of Advised Funds may recommend grant distributions from the Fund. For two or more Contacts, please note that Contact 1 will receive fund statements if the mailing addresses are different. (Please attach additional sheets if necessary.)

Advisor/Contact 1 (please circle to indicate advisor or contact)

Name		
Mailing Address (Home or Business, circle one)		
City	State	Zip
Cell Phone	Fax ()	
Business Phone	Fax ()	
Date of Birth		
E-mail		
Company Name		
Occupation		
Title		
Referred By:		
Do you currently work with a Professional Advisor? <small>(e.g. Attorney, CPA, Financial Planner)</small> Yes No		
If yes, Advisor's Name		
Advisor's Mailing Address		
City	State	Zip
Advisor's Phone ()		

Advisor/Contact 2

Name		
Mailing Address (Home or Business, circle one)		
City	State	Zip
Home Phone	Fax ()	
Business Phone	Fax ()	
Date of Birth		
E-mail		
Company Name		
Occupation		
Title		
Referred By:		
Do you currently work with a Professional Advisor? <small>(e.g., Attorney, CPA, Financial Planner)</small> Yes No		
If yes, Advisor's Name		
Advisor's Mailing Address		
City	State	Zip
Advisor's Phone ()		

Donor/Contact 2 relationship to Donor/Contact 1:

SECTION 3: Name Your Fund Donors have the privilege of naming their fund. (Grants made from a fund to charity are accompanied by a letter which includes the fund name (e.g., "The Smith Family Fund) and the name and address of the Advisor(s) recommending the grant, unless anonymity is requested.)

Fund Name _____

SECTION 4: Grant & Community Acknowledgment

Do you wish to remain anonymous? Yes No _____

May we list your Fund's name in publications? (e.g., Website, Annual Reports, etc.?) Yes No _____

Would you like grant recipients to know that your Fund is the source of their grant? Yes No _____

SECTION 5: Select Fund Type (Choose only one)

5A: Community Grantmaking or Field of Interest Funds

An annual payout of ___ % from the fund will be used for competitive grants in the area of:

Please choose one or more of the following:

Geographic:	Area of Interest:	
_____ Greater Mercer County	_____ All Areas	_____ Health & Wellness
_____ Town(s) _____	_____ Arts & Culture	_____ Human & Social Services
_____	_____ Education	_____ Women & Girls
_____	_____ Environment	_____ Youth
		Other: _____

5B: Designated Fund or Agency Endowment

An annual payout of up to ___% from the fund will be used to support the following 501(c)3 charitable organization(s)

_____ %	_____
_____ %	_____
_____ %	_____
100 %	

5C: Advised Fund

5D: Scholarship Fund

An annual payout of ___ % from the fund will be used for:

_____ A scholarship to support students at a specific school or program that has public charity 501(c)3 status.

_____ Recipients will be selected by that program. Name of institution: _____

_____ The donor and the Community Foundation will convene a selection committee to select students based on criteria described below or in attached materials.

SECTION 6: Contribution Funds may be established with a gift of \$10,000. Funds started with a smaller gift will be eligible to make grants when the fund reaches at least \$10,000.

SECTION 7: Successor Election Use this section only if you are establishing a advised fund. **(OPTIONAL)**

Fund advisors may elect individuals as successor advisors to the Fund. This can be changed by an advisor at any time in writing to the Community Foundation. Please refer to the *Fund Policies of the Princeton Area Community Foundation: A Handbook for Donors*. for details. (Please attach any additional sheets if necessary.)

Successor Individual(s) Information : Founders of advised funds may name one generation to succeed them as advisors in accordance with the policies in the *Fund Policies of the Princeton Area Community Foundation: A Handbook for Donors* .

Name	Name
Date of Birth	Date of Birth
Mailing Address	Mailing Address
City State Zip	City State Zip
Home Phone ()	Home Phone ()
Business Phone ()	Business Phone ()
E-mail	E-mail
Relationship to Donors	Relationship to Donors

SECTION 8: Investment Pool Selection Please read the *Fund Policies of the Princeton Area Community Foundation: A Handbook for Donors* for a description of the investment pools.

_____ Managed Investment Pool (for those funds with a long term grants strategy) <small>(Balanced portfolio of approx 50% equities, 25% fixed income, 25% independent return)</small>	_____ Money Market (for those funds with a short term grants strategy) <small>(Portfolio of 100% short term liquid assets)</small>
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SECTION 9: Signature(s) I acknowledge that I have read the *Fund Policies of the Princeton Area Community Foundation: A Handbook for Donors* and agree to the terms and conditions described therein, including the Variance Provision of the Community Foundation Bylaws. I understand that any contribution, once accepted by the Board of Trustees, represents an irrevocable contribution to the Princeton Area Community Foundation and is not refundable to me. I hereby certify that to the best of my knowledge all information presented in connection with this form is accurate and I will notify the Community Foundation promptly of any changes.

Donor/Contact 1 Signature	Date
Donor/Contact 2 Signature	Date

Please return to: Princeton Area Community Foundation
 15 Princess Road
 Lawrenceville, NJ 08648
www.pacf.org
 Phone: 609-219-1800
 Fax: 609-219-1850
 E-Mail: info@pacf.org