



FUND AGREEMENT FOR NONPROFIT FUNDS

Date: _____

Fund Name: _____

Establish a new fund Update fund information

SECTION 1: Type of Fund

Nonprofit Fund (non-permanent) Nonprofit Endowment Fund (permanent)

SECTION 2: Contact Information

All communications will be directed to the Executive Director unless otherwise noted.

Contact 1 (usually the Executive Director)

Name		
Title		
Organization Name		
Tax ID #		
Mailing Address		
City	State	Zip
Home Phone ()	Fax ()	
Business Phone ()	Fax ()	
E-mail		
Referred By:		

Contact 2 (usually the Chair, Board of Trustees)

Name		
Title		
Organization Name		
Mailing Address		
City	State	Zip
Home Phone ()	Fax ()	
Business Phone ()	Fax ()	
E-mail		
Referred By:		

SECTION 3: Name The Fund

Organizations have the privilege of naming their fund. *Do not use the words "foundation" or "trust" in the fund name. Use of the word "endowment" is restricted to funds with annual payout of no more than 5%*

Fund Name _____

SECTION 4: Community Acknowledgment

Do you wish the Fund to be anonymous?	Yes	No
May we list the Fund in Community Foundation publications?	Yes	No

SECTION 5: Fund Type and Distribution

Nonprofit Fund (non-permanent)

Distributions up to 100% from the fund will be made for the following purposes:

Nonprofit Endowment Fund (permanent)

An annual payout of ____% from the fund (paid: quarterly, annually, or other_____)

For the following purpose(s):

SECTION 6: Contribution

Funds may be established with a minimum of \$10,000.

SECTION 7: Investment Pool Selection

Please read the *Handbook for Donors* for a description of investments.

_____ Managed Investment Pool
(for those funds with a long-term strategy)

_____ Money Market
(for those funds with a short term strategy)

(Balanced portfolio of approx 50% equities, 25% fixed income, 25% independent return) (Portfolio of 100% short term liquid assets)

SECTION 8: Signature(s)

I acknowledge that I have read the **Fund Policies for Nonprofit Funds** and agree to the terms and conditions described therein, including the Community Foundation's **Variance Provision**.

I hereby certify that to the best of my knowledge all information presented in connection with this form is accurate. I will notify the Community Foundation promptly of any changes.

Contact 1 Signature

Date

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