

**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? (e.g. Attorney, CPA, Financial Planner)                      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? (e.g., Attorney, CPA, Financial Planner)                      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:

\_\_\_\_\_ Greater Mercer County  
\_\_\_\_\_ Town(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Area of Interest:

\_\_\_\_\_ All Areas \_\_\_\_\_ Health & Wellness  
\_\_\_\_\_ 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**

An annual payout of up to \_\_\_ % from the fund will be used to support 501(c)3 charitable organizations

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 **Handbook for Donors: Fund Policies & Procedures** of the Princeton Area Community Foundation for details. (Please attach any additional sheets if necessary.)

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

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 **Handbook for Donors: Fund Policies & Procedures** for a description of the investment pools.

<input type="checkbox"/> Managed Investment Pool (for those funds with a long term grants strategy) (Balanced portfolio of approx 50% equities, 25% fixed income, 25% independent return)	<input type="checkbox"/> Money Market (for those funds with a short term grants strategy) (Portfolio of 100% short term liquid assets)
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**SECTION 9: Signature(s)** I acknowledge that I have read the **Handbook for Donors: Fund Policies & Procedures** and agree to the terms and conditions described therein, including the Variance Provision contained in the bylaws of the Community Foundation. 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](http://www.pacf.org)  
 Phone: 609-219-1800  
 Fax: 609-219-1850  
 E-Mail: [info@pacf.org](mailto:info@pacf.org)