



## PROGRAM FUND ESTABLISHMENT FORM

This form will establish an ongoing fund with AVC Foundation.

1) Requested Program Fund Name: \_\_\_\_\_ Date: \_\_\_\_\_

2) Purpose of the Program Fund:

3) Restrictions:

4) Fund Managers:

(Fund managers are individuals who are authorized to request funds)

1. \_\_\_\_\_  
Fund Manager Name (print) Signature

2. \_\_\_\_\_  
Fund Manager Name (print) Signature

3. \_\_\_\_\_  
Fund Manager Name (print) Signature

5) Approved By:

\_\_\_\_\_  
Dean, Director, Vice President, or President Signature  
Overseeing the Fund (print)

**ACCEPTED:** \_\_\_\_\_  
Executive Director, Foundation Date

Assigned Program Fund # \_\_\_\_\_

New  Updated \_\_\_\_\_