



Connecticut Architecture Foundation Inc.
370 James Street, Suite 402, New Haven, CT 06513 | Tel: 203-865-2195 | Fax: 203-562-5378

NAMED FUND ESTABLISHMENT APPLICATION

DATE OF APPLICATION: _____

BY: ORGANIZATION: _____

CONTACT NAME: _____

MAILING ADDRESS: _____

EMAIL: _____

PHONE: _____

FUND TO COMMEMORATE¹ _____

CONNECTION TO CT ARCHITECTURE COMMUNITY: _____

FUND COMMITMENT: _____

FUND INITIAL PAYMENT AND PAYMENT METHOD²: _____

SIGNATURE OF APPLICANT: _____

FOUNDATION USE ONLY:

Accepted By: (CAF Designated Signature): _____

Date Initial Payment Received: _____

Date Initial Fund Commitment completely paid³: _____

Additional Comments: _____

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1. Include in Application any Fund focus and/or Fund restrictions.
 2. Note: Named funds must be fully financed within three years of initiation (\$25,000.00 min.). The first year a minimum of \$10,000.00 must be paid to fund. If funding is not completed within time period, committed funds will be incorporated into the CAF General Scholarship Fund.
 3. Distribution from Fund begins only after the initial funding commitment is completely paid.