



Temporary Restricted Account Set Up

Fund Name: _____

Explain in detail the purpose of the fund: _____

Source of initial funds coming in:

Contributions Type: Individual(s) | | Corporate or Foundation | |

(Grants Only)*

(Attach a signed copy to this form)

Name of grant: _____

Amount: _____

Contact Information: _____

Email Address: _____

Fund Authority Name (current Vice Chancellor

Or Dean of NCCU): _____

Signature of Fund Authority: _____

(Valid NCCU) Email Address: _____

Campus Phone Number: _____

Managed By: Chancellor | | Provost | |

Submitted by: _____

(Valid NCCU) Email Address: _____

FOR NCCU FOUNDATION, INC. USE ONLY: Account Number

Created by: _____ Date: _____