

**UNIVERSITY OF ARKANSAS FOUNDATION, INC.
REQUEST FOR NEW PROJECT ID (Page 1 of 2)**

CAMPUS: SYSTEM UAF FCF ADC UALR UAMS UAM UAPB CI UACCB

PROJECT NAME: _____

COLLEGE NAME: _____ DEPT NAME: _____ SUB-DEPT NAME: _____

COLLEGE NO: _____ DEPT NO: _____ SUB-DEPT NO: _____

CONSTITUENT AREA: _____

TYPE OF PROJECT: (Check one)

Attach gift agreement or other supporting documentation

- Non-Endowed
- Future Endowment, Principal initially less than minimum endowment requirement
- Quasi-Endowment, Principal can be spent
Establish spending account Yes No
- Permanent Endowment, Non-invadable principal
Establish spending account Yes No

Planned Gift:

- Gift annuity
- Charitable Remainder Trust
Trust Type: _____
- Bequest Type: _____
- Life Insurance
- Pooled Income

PRIMARY SOURCE OF FUNDS:

- Donor Contributions Transfer from existing project (Attach Form UAFound 010-Request for Intra-foundation Transfer)
- Donor Pledges Other (explain) _____

USE OF FUNDS DETERMINED BY:

Donor

Institution

- Faculty/Staff Support
 - Lectureship
 - Professorship
 - Endowed Chair
 - Faculty and Staff Development
- Property, Building, and Equipment
- Research (Explain) _____
- Special Event (Explain) _____
- Student Support
 - Award
 - Scholarship
 - Fellowship
 - Loan
- Unrestricted (Discretionary)
- Other (Explain) _____

- Undergraduate
- Graduate
- Both

ADDITIONAL INFORMATION: _____

Please read and complete the second page of this form.

FOUNDATION USE ONLY:

No. _____

Rev. By: _____ Date: _____

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**PROJECT
MANAGER:**

Typed or Printed Name

Phone Number

Title

Department, Building, Room Number, Campus

Date: _____ E-Mail Address: _____

AGREEMENT

By my signature below, I agree to the terms of the operating or gift agreement as applicable to the project(s).

PROJECT SIGNATURES

Only the following individuals may authorize disbursements from the project.

SIGNATORY 1

Typed or Printed Name

Phone Number

Title

Department, Building, Room Number, Campus

Date: _____ Signature E-Mail _____ Address _____

SIGNATORY 2

Typed or Printed Name

Phone Number

Title

Department, Building, Room Number, Campus

Date: _____ Signature E-Mail _____ Address _____

SIGNATORY 3

Typed or Printed Name

Phone Number

Title

Department, Building, Room Number, Campus

Date: _____ Signature E-Mail _____ Address _____

If you have any questions or concerns before establishing this project, please call the Office of Development.

Return completed form to: