

**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

- |   |   |  |
|---|---|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Faculty/Staff Support                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Lectureship</li> <li><input type="checkbox"/> Professorship</li> <li><input type="checkbox"/> Endowed Chair</li> <li><input type="checkbox"/> Faculty and Staff Development</li> </ul> </li> <li><input type="checkbox"/> Property, Building, and Equipment</li> <li><input type="checkbox"/> Research (Explain) _____</li> <li><input type="checkbox"/> Special Event (Explain) _____</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Student Support                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Award</li> <li><input type="checkbox"/> Scholarship</li> <li><input type="checkbox"/> Fellowship</li> <li><input type="checkbox"/> Loan</li> </ul> </li> <li><input type="checkbox"/> Unrestricted (Discretionary)</li> <li><input type="checkbox"/> Other (Explain) _____</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Undergraduate</li> <li><input type="checkbox"/> Graduate</li> <li><input type="checkbox"/> Both</li> </ul> |
|---|---|--|

ADDITIONAL INFORMATION: \_\_\_\_\_

**Please read and complete the second page of this form.**

**FOUNDATION USE ONLY:**

No. \_\_\_\_\_

Rev. By: \_\_\_\_\_ Date: \_\_\_\_\_

**UNIVERSITY OF ARKANSAS FOUNDATION, INC.  
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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: