

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

**PROJECT DESCRIPTION:** \_\_\_\_\_  
**CAMPUS:** \_\_\_\_\_ **COMPANY #:** \_\_\_\_\_ **COLLEGE # & NAME:** \_\_\_\_\_  
**DEPT # & NAME:** \_\_\_\_\_ **RESP ORG/SUB DEPT # & NAME:** \_\_\_\_\_

**TYPE OF PROJECT: (Check one)**

Attach gift agreement or other supporting documentation

**Planned Gift:**

**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

**Charitable Gift Annuity**

**Charitable Remainder Trust**

**Trust Type:** \_\_\_\_\_

**PRIMARY SOURCE OF FUNDS:**      Donor Contributions      Transfer from existing project  
(Attach Form UAFound 010-Request for Intra-foundation Transfer)

**USE OF FUNDS DETERMINED BY:**      Donor      Institution

**GIFT PURPOSE CODES:**

Campus Operations

CP - Campus Program  
CO - College Support  
DS - Departmental Support  
ET - Equipment and Technology  
LI - Library  
PB - Property/Building  
PS - Public Service and Extension  
RE - Research  
SE - Special Event  
OT - Other-See Gift Agreement (for alternate purpose only)

Faculty Support

FH - Faculty Chair  
FL - Faculty Lectureship  
FP - Faculty Professorship  
GF - General Faculty / Staff Support

Graduate Support

GS - Graduate Scholarship/Fellowship  
GW - Graduate Award  
SS - Graduate General Student Support

Student Support

US - Undergraduate Scholarship  
UA - Undergraduate Award  
UG - Undergraduate General  
LD - Loan Funds

Unrestricted

UM - Unrestricted Campus  
UC - Unrestricted College  
UN - Unrestricted Administration  
UD - Unrestricted Department  
UV - Unrestricted Advancement

**PRIMARY PURPOSE CODE:** \_\_\_\_\_ **ALTERNATE PURPOSE CODES (IF APPLICABLE):** \_\_\_\_\_

**OPTIONAL:**

**CONSTITUENT AREA:** \_\_\_\_\_ **PROGRAM TYPE:** \_\_\_\_\_ **USE CODE:** \_\_\_\_\_

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

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

**FOUNDATION USE ONLY:**

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

**Rev By:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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

**PROJECT  
MANAGER:**

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Title

\_\_\_\_\_  
Department, Building, Room Number, Campus

**Date:** \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
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) and attest that there are no conflicts of interest.**

**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

\_\_\_\_\_  
Email- Address

**SIGNATORY 3**

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Title

\_\_\_\_\_  
Department, Building, Room Number, Campus

**Date:** \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Email - Address

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

School/College Review: \_\_\_\_\_

Date: \_\_\_\_\_

Fiscal Review: \_\_\_\_\_

Date: \_\_\_\_\_

(Chancellor/Vice President or Authorized Designee)