

**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 UACCM

PROJECT DESCRIPTION: \_\_\_\_\_

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:**

- 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)
- 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
- 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: \_\_\_\_\_

**UNIVERSITY OF ARKANSAS FOUNDATION, INC.  
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**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)