



THE UNIVERSITY OF ARIZONA

Foundation

1111 N. Cherry Ave., Room 403

P.O. Box 210109

Tucson, Arizona 85721

Please complete this form and return it to the UA Foundation, Financial Services Dept., Room 403, "Swede" Johnson Bldg.

Questions regarding this form may be directed to [fssupport@uafoundation.org](mailto:fssupport@uafoundation.org)

or 621-5494. *Faxed Copies are not accepted.*

**For UA Foundation Use Only**

Form completed

Attachment(s) included, if applicable

Unit(s) Verified

Approval signature verified

**Reviewer:**

\_\_\_\_\_

\_\_\_\_\_

*Initials*

*Date*

**Processor:**

\_\_\_\_\_

\_\_\_\_\_

*Initials*

*Date*

**New Project Request Form**

**Contact:**

Contact Name: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Proposed Project Name (60 spaces): \_\_\_\_\_

**Project Information:**

**Type of Project:**

Restricted

Restricted Scholarship (MUST attach scholarship specifications) *Note: Please refer to our policy regarding named scholarships in our UA Foundation Policies and Procedures Manual.*

Endowment (MUST attach endowment agreement)

Endowment Scholarship (MUST attach endowment agreement)

**Purpose of the Project: Please be as **specific** and **detailed** as possible (i.e., How will the funds be used? Who [students, faculty, staff] will benefit from funds?)**

Check here if project should be listed as an option on our [Online Giving](#) page.

**CAE Reporting Category:**

**Note:** CAE category used for reporting purposes. If project purpose above falls under **multiple categories**, include percentage of each above. See the UAF [FAQs](#) for a description of each category. Category is subject to change at UAF's discretion.

**Campaign/Transfer Request:**

Home Dept. No.: \_\_\_\_\_ Dept. Name: \_\_\_\_\_ Initial deposit balance: \$ \_\_\_\_\_ (minimum of \$5,000)

UA Account/KFS No.\*: \_\_\_\_\_ Check if N/A

\* Scholarship funds cannot be transferred for awarding unless a UA Acct/KFS is established prior to any transfer request.

**Do you have the funds in-hand or a donor identified?** YES NO

**If NO, will these funds be solicited through a fundraising initiative?** YES (please describe in the box below) NO

**Attachments:**

Agreement and/or Specifications (See Type of Project above), if applicable.

Gift Transmittal – Must attach copy of Gift Transmittal.

GT#: \_\_\_\_\_

Funds Transfer – Must attach Funds Transfer Request if money for this project has previously been deposited into another project at the Foundation.

TF#: \_\_\_\_\_

**Approval:**

*Approval indicates your understanding and agreement: a) to create the new Project, b) that the new Project transactions, including but not limited to deposits, requests for disbursements, and transfers, will be administered in accordance with all UA Foundation policies and procedures, and c) that the new Project transactions will be administered such that they do not violate any policies or procedures of the University of Arizona.*

\_\_\_\_\_  
Printed Name – Dean / CABO Member

\_\_\_\_\_  
Signature – Dean / CABO Member

\_\_\_\_\_  
Date

**New Project Signature Authority:**

**Proposed Project Name:**

**Individuals (UA employee(s) only) with authority to request gift disbursements from or transfers to/from this project (maximum of six individuals please):**

\_\_\_\_\_  
*Printed/Typed Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Printed/Typed Name*

\_\_\_\_\_  
*Signature*

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*Printed/Typed Name*

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*Signature*