

**University of Central Florida Foundation, Inc.**  
**REQUEST FOR NEW PROJECT**

|    |   |  |  |  |
|----|---|--|--|--|
| 1  | <b>Date of Request:</b>   |  | <b>Requested by:</b>   |  |
| 2  | <b>Project Name:</b>  |  |  |  |
| 3  | <b>Responsible College/Area:</b>  |  | <b>Department Name:</b>  |  |
| 4  | <b>Department Contact Name:</b>   |  | <b>Title:</b>  |  |
| 5  | <b>Start Date:</b>  |  | <b>End Date:</b>   |  |
| 6  | <b>Purpose of Fund:</b><br><i>Identify the type of activity or any donor restrictions.</i>  |  |  |  |
| 7  | <b>Benefit to UCF:</b><br><i>Be detailed and specific.</i>  |  |  |  |
| 8  | <b>Fund Type:</b>   | <input type="checkbox"/>   | <b>Annual Operating</b> ( <i>Memorandum of Understanding required on all annual scholarship projects</i> )                   |  |
|    |   | <input type="checkbox"/>   | <b>Endowment</b> ( <i>donations are never spent, must be donor directed and Memorandum of Understanding is required</i> )    |  |
|    |   | <input type="checkbox"/>   | <b>Quasi Endowment</b> ( <i>donations are never spent, internally directed and Memorandum of Understanding is required</i> ) |  |
| 9  | <b>Source of Funds (check one)</b>  | <input type="checkbox"/> <b>Federal</b>  | <input type="checkbox"/> <b>State</b>  | <input type="checkbox"/> <b>Other</b>  |
| 10 | <b>General Sources of Revenue:</b><br><i>(Example: donations, fundraising event, etc.)</i>  |  |  |  |
| 11 | <b>Are there any goods, services, or deliverables provided to the donor?</b> ( <i>Example: golf tournament, banquet, seats to events, advertising, booth space, facility access, etc.</i> )   | <input type="checkbox"/> <b>Yes</b> (attach detail of description and fair market value) Contact the Asst. Director of Revenue/Accounts Receivable for further required documentation. |  | <input type="checkbox"/> <b>No</b>   |
| 12 | <b>Expected Amount To Be Deposited:</b> ( <i>See Policy IQ for limits</i> )   |  |  |  |
| 13 | <b>Type of Expenditures:</b><br><i>(Example: travel, salary, scholarship, general operation, etc.)</i>  |  |  |  |
| 14 | <b>Does compliance with IRB or IACUC apply related to activities supported with these funds?</b> ( <i>IRB approval &amp; reporting required for Human Subject Research. IACUC approval &amp; reporting required for Animal Research.</i> ) See University Requirements. | <input type="checkbox"/> <b>Yes</b>  | <input type="checkbox"/> <b>No</b>   |  |
| 15 | <b>Specific Donor Restrictions of Fund:</b><br><i>(If applicable, attach documentation)</i>   | <input type="checkbox"/> <b>Yes</b>  | <input type="checkbox"/> <b>No</b>   |  |
| 16 | <b>Gift Agreement and/or other supporting documentation attached:</b> ( <i>Spending will not be allowed until the gift agreement is complete and on file</i> )  | <input type="checkbox"/> <b>Final</b>  | <input type="checkbox"/> <b>Draft</b>  | <input type="checkbox"/> <b>In Process</b>   |
| 17 | <b>Signature Authority on Project:</b> ( <i>Used for disbursements and project changes</i> )  |  |  |  |
|    | (1) _____<br><b>(signature required)</b> must be VP, Dean, or Division Director   | <b>OR</b>  |  | (2) _____<br><b>(signature required)</b> Assoc./Asst. VP, Assoc./Asst. Dean, or Assoc./Asst. Division Director allowed |
|    | (1) _____<br><b>(required)</b> print name and title   |  |  | (2) _____<br><b>(required)</b> print name and title  |
| 18 | <b>Please Sign Below:</b> ( <i>Signatures required below for project set up and disbursement of funds</i> )   |  |  |  |
|    | _____   | _ / _ / _  | _____  |  |
|    | <b>Dean, Division Director or Vice President (Signature)</b>  | <b>Date</b>  | <b>Dean, Division Director or Vice President (Print Name &amp; Title)</b>  |  |
|    | _____   | _ / _ / _  | _____  |  |
|    | <b>Development Officer (Signature)</b>  | <b>Date</b>  | <b>Development Officer (Print Name &amp; Title)</b>  |  |
|    | <b>FOR INTERNAL USE</b>   |  |  |  |
|    | <b>Assigned Project Number:</b>   |  |  |  |
|    | <b>Foundation Accounting</b>  | <b>Signature:</b> _____  | <b>Signature:</b> _____  |  |
|    |   | <b>Date:</b> _ / _ / _   | <b>Date:</b> _ / _ / _   |  |

PLEASE FORWARD TO: Assistant Director of Revenue/Accounts Receivable (407) 882-1583  
UCF FOUNDATION, INC. ACCOUNTING & FINANCIAL MANAGEMENT SERVICES  
12424 RESEARCH PARKWAY, SUITE 140 Campus Mail (+4 0045)