

# Request for New Fund Information Form

**Fund Name:** \_\_\_\_\_

**College:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Fund Purpose:**

*(select only one - Best match)*

- |   |   |
|---|---|
| <input type="checkbox"/> Alumni Relations                                   | <input type="checkbox"/> Gift Annuities                               |
| <input type="checkbox"/> Awards   | <input type="checkbox"/> Capital Improvements                         |
| <input type="checkbox"/> Centers, Institutes & Labs                         | <input type="checkbox"/> Departmental/Academic Enrichment             |
| <input type="checkbox"/> Operations   | <input type="checkbox"/> Professorships, Chairs & Faculty Fellowships |
| <input type="checkbox"/> Student Scholarships, Fellowships & Assistantships | <input type="checkbox"/> Special Projects                             |

*(Request for new scholarship accounts should be routed to the Scholarship Coordinator for approval.)*

**Solicitor UID/Name:** \_\_\_\_\_

**Donor UID/ Full Legal Name:** \_\_\_\_\_

**Donor Contact Information:**

*(Address/Tel/Email)*

\_\_\_\_\_

**Copies of Fund Reports To:**

*(Do not enter UofM staff;*

*for Development use)*

\_\_\_\_\_

\_\_\_\_\_

**Authorized Signatures for Expenditures:**

*(Include Position Title)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Fund Type:**

- Foundation Endowment  
 Foundation Current Expendable

**Fund Agreement Attached:**

- Yes  No

**Has Money Been Received:**

- Yes, amount \$ \_\_\_\_\_  
 No

\_\_\_\_\_  
**Applicable Dean, VP, or Director**      **Date**

\_\_\_\_\_  
**Development Officer**      **Date**

\_\_\_\_\_  
**Scholarship Coordinator (if Scholarship fund)**      **Date**

\_\_\_\_\_  
**Chief Development Officer**      **Date**

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**For Foundation Use Only**

**New Foundation Fund #** \_\_\_\_\_ **ADS Designation No.** \_\_\_\_\_

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

**Foundation Approval:** \_\_\_\_\_