

Award ID (Endowment Income)			
Principal Parent Project			
New Parent Project Request Form - Endowment Complete highlighted areas only - Please allow 3 business days to establish new Project			
REQUEST SUBMITTED BY:			SUBMIT DATE:
Documents to establish Endowment/FFE Project	Signed Agreement <input type="checkbox"/>	Solicitation/Marketing Materials <input type="checkbox"/>	Funding Plan, If minimum has not been met <input type="checkbox"/>
UCSF Fund		Entity	
Funding Purpose Code (UDAR)		Dept ID	
UCOP Fund (Regents Only)		School/Control Point	
Fed Flow Through	5	Department/Division (UDAR)	
Function		Principal Investigator (PI)	Name
Proposal ID (UDAR)			Employee #
		<input type="checkbox"/> Shared Project (No PI Info. Required)	
Restriction Code (UDAR)			
Initial Donor			
Project Name As appears on receipt.			
Purpose/Description Must state what funds are to be used for. (e.g., John Smith Memorial Fund is not sufficient.)			
Special Terms of Fund (e.g., Reinvestment)			
Gift Fee	From Principal (Agreement must state) <input type="checkbox"/>	From Payout <input type="checkbox"/>	Exempt (e.g., Scholarship) <input type="checkbox"/>
	Reason:		
Distribution of Annual Endowment Payout (unless otherwise noted, annual payout will be transferred to endowment income fund for spending)			
Reinvest payout back to principal?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, until principal reaches what dollar value?	\$
			Market Value <input type="checkbox"/> Book Value <input type="checkbox"/>
Signature Authority (MSO Administrative Authority)		Phone	
Email		Box #	
Income Project			
Signature Authority		Phone	
Email		Box #	
FOR ADMINISTRATIVE USE ONLY			
Medical Center	Department ID:		
PS Principal: _____	PS Income: _____	Date: _____	
Email new allocations to CustSvc@ucsf.edu Revision Date June 8, 2017			