



UNENDOWED PROJECT AGREEMENT

This form should be used in lieu of a Gift Agreement when an unendowed project is established by a department. Please complete and remit this form to Amie Schaffer (777-8340) at riscchia@mailbox.sc.edu (along with a New Account Request Form).

PREPARER INFORMATION:

Date: _____

Name: _____

Phone: _____

PROJECT INFORMATION:

Project Name: _____

Project Purpose (to include how the funds are to be used):

This unendowed fund shall be disbursed according to the Foundation's Accounts Payable Policy and governed by the South Carolina Uniform Prudent Management of Institutional Funds Act ("UPMIFA").

DEPARTMENTAL APPROVAL:

Name: _____

Date: _____

Signature: _____

FOUNDATION APPROVAL:

Name: _____

Date: _____

Signature: _____

PROJECT ID: _____