

Award ID or Parent Project	
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New Parent Project Request Form – Current Use

Complete highlighted areas only - Please allow 3 business days to establish new Project

REQUEST SUBMITTED BY:				SUBMIT DATE:	
Documents to establish Parent Project	Signed Agreement <input type="checkbox"/>		Solicitation/Marketing Materials <input type="checkbox"/>		
UCSF Fund		Dept ID			
Funding Purpose Code (UDAR)		School/Control Point			
Fed Flow Through	5	Department/Division (UDAR)			
Function		Principal Investigator (PI)	Name		
Proposal ID (UDAR)		<input type="checkbox"/> Shared Project (No PI Info. Required)	Employee #		
Restriction Code (UDAR)					
If initial gift < \$10k, will there be further fundraising?		Will donor require stewardship reporting?			
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., Term Chair)					
Gift Fee	From gift <input type="checkbox"/>		From discretionary other source <input type="checkbox"/>		Exempt (e.g., Scholarship) <input type="checkbox"/>
		Specify Fund Project:		Reason:	
For Events Only (attach invitation/remit)					
Auction	Auction Information:				
	Fund	Flexfield	Appeal (5 Character Limit)	Premium Code	
Regents Non-gift Acct					
Foundation Non-gift Acct	7600				
Ticket Value (Cost per person/table)			FMV (Fair Market Value)		
Signature Authority					
Signature Authority (MSO Administrative Authority)			Phone		
Email			Box #		
FOR ADMINISTRATIVE USE ONLY					
Medical Center	Department ID:				
Reviewed By:					
Reviewed Advance - No existing project for same purpose _____ (GA Signoff)			Donor stewardship required _____		
One time gift _____			Reviewed by Control Point _____		