

**San Francisco State University Foundation, Inc.
Special Project Agreement**

PROJECT NUMBER: _____ New _____ Renewal _____

PROJECT DIRECTOR: _____ Start Date: _____

PROJECT TITLE: _____

PURPOSE OF FUND: _____

SOURCE(S) OF REVENUE: _____

TYPE(S) OF EXPENDITURES: _____

DISPOSITION OF FUNDS UPON TERMINATION OF PROJECT: At the discretion of the Project Director in accordance with SFSUFI policies.

Indicate the type of account to be established/renewed:

- | | | |
|-------|------------------------------|--|
| _____ | Campus Program | <ul style="list-style-type: none"> • Department/program discretionary fund • 5% overhead charged on all gifts/donations • 10% charged on all other program fees/revenues |
| _____ | Scholarship | <ul style="list-style-type: none"> • Student financial aid • no overhead • expenditures limited only to scholarships |
| _____ | Endowment | <ul style="list-style-type: none"> • Investment fund • Minimum \$10,000 to establish Endowment • 2% overhead; no expenditures permitted • participation in unitized investment pool |
| _____ | Endowment/
Scholarship | <ul style="list-style-type: none"> • Minimum \$10,000 to establish Endowment • participation in unitized investment pool • 2% overhead on Endowment • interest earned deposited into scholarship fund • only scholarships may be paid from scholarship fund |
| _____ | Endowment/
Campus Program | <ul style="list-style-type: none"> • Minimum \$10,000 to establish Endowment • participation in unitized investment pool • 2% overhead on Endowment • interest earned deposited to campus program • expenditures paid only from Campus Program account |

OTHER REMARKS/COMMENTS: _____

The Project Director assures that all funds expended on this project will be for the purpose(s) described herein and will adhere to the policies and procedures of both San Francisco State University and SFSU Foundation. The Project Director is the authorized signer for this account and accepts full responsibility for all documents, including those signed by individuals designated to authorized transactions on his/her behalf, as indicated upon the Signature Authority Agreement.

SUBMITTED BY: _____ DATE: _____
Signature of Project Director

Reviewed & approved by:

_____ School Dean/Unit Head	_____ Date	_____ Other (where applicable)	_____ Date
_____ Director, University Development	_____ Date	_____ Director of Adm., SFSU Foundation	_____ Date