∭ G€	eorgia <u>State</u> Un FOUNDATI	uversity. ON	PROJEC	CT FORI	M	Page 1 of 2 (revised 12/2019)	
	Request Details						
Date: Request Type: New Project Revision or Update project (provide detailed explanation below) Project Number: Revision reason Fund/ Investment Type:							
Endowment* Endowed Scholarship* Quasi-endowment* Un-endowed Scholarship* Charitable Insurance Deans Fund Special Purpose Unrestricted Department Fund Other *Endowed funds and all scholarships require a Donor Gift Agreement signed by the VP of Development and the College or Units Director of Development. Forms received without the appropriate agreement will remain pending until agreement is received.							
Project Details							
Project No	ame:	Dept:				Dept #:	
Project Contact: Phone: Email:							
Financial Edge - Award Management Access - Name & Campus ID for <u>ALL</u> individuals that require access to this project.							
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Donor Reporting (Endowments/Scholarships)							
Donor Contact: Endowment Reporting Contact:							
Name:	N/A			Name:			
Address:				Address:			
Contributions, Expenditures, and Fund Purpose							
Date of first contribution: Is there a Pledge? \[\] Yes \[\] No (If yes, attach documentation)							
Describe Projects intended use. Describe Annual fundraising plan. Include expected contributions.							
Type of Expenditures: (Choose All that apply) Scholarships							
Other							
College/Unit Approvals							
Requestor:		Print		Signature		 Date	
Chair/Director:		Print		Signature		 Date	
Dean/Vice President:		Print		Signature		Date	