



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 Elizabeth Kovalchek (777-6684) at BrockEA@email.sc.edu and Lindsey Fisher (777-1826) at LFisher@mailbox.sc.edu.

PREPARER INFORMATION:

Date: _____

Name: _____

Phone: _____

PROJECT INFORMATION:

Project Name: _____

Project Purpose: _____

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 HEAD APPROVAL: (Individual must be an Authorized Signatory for this project)

Name: _____

Date: _____

Signature: _____

FOUNDATION APPROVAL:

Name: _____

Date: _____

Signature: _____

PROJECT ID: _____