

Lewis & Clark
New Fund Summary and Set-up

<input type="radio"/> CAS	<input type="radio"/> GSEC
<input type="radio"/> Law	<input type="radio"/> L&C

1. General Summary Information

Fund Name _____

2. Fund Description: *(brief synopsis of the Fund – summarize donor’s instructions for designation and spending)*

3. Identify Donors and Contacts

Lead Donor*(s) _____ Donor id(s) _____

Stewardship Name* _____ Relationship _____

* **NEW CONSTITUENT? Provide demographic information!!** : https://www.lclark.edu/offices/advancement_services/demographics/

Anonymous? Yes No MGO or IA Contact: _____

Dept. or Program: _____ Budget Mgr.** : _____ (**required for Temp. Res. Accounts)

4. Documentation *Attach all relevant documentation to SUBSTANTIATE DONOR INTENT including, but not limited to:*

- | | | | | |
|--|---|---|---|--------------------------------|
| <input type="checkbox"/> Signed Scholarship/Fund/Trust Agreement | <input type="checkbox"/> Signed Pledge Agreement | <input type="checkbox"/> Donor Email | <input type="checkbox"/> Copy of Will | |
| <input type="checkbox"/> Award Letter | <input type="checkbox"/> Grant Budget | <input type="checkbox"/> Grant Proposal | <input type="checkbox"/> All reporting requirements | |
| <input type="checkbox"/> Dean’s approval | <input type="checkbox"/> Gift Acceptance Committee approval | <input type="checkbox"/> BOT resolution | <input type="checkbox"/> Staff contact notes | <input type="checkbox"/> Other |

5. Type of Fund

- Unrestricted *(current use, annual fund)* Temp. Restricted *(spending over multiple FY)*
 Permanent Endowment *(forever)* Quasi Endowed *(may spend w/BOT approval)*

6. Additional Comments or Instructions

7. Completed by _____ **Date** _____

Advancement Services Processing

Fund ID# _____ **Start date** _____ **DP** _____ **Type** _____

Default Campaign _____ **Odd Fund Grouping** _____

End Rest Type _____ **Tier 1 Fund for Stewardship begins** FY _____

GL Number _____ **Endowed Fund begins spending when gifts reach \$** _____

Approved By: _____ *(Director of Advancement Services)* **Date:** _____

Routing to and date sent:

<input type="checkbox"/> Donor Relations (C Atchison) _____	<input type="checkbox"/> Director of Accounting (M Lawson) _____
<input type="checkbox"/> Endowment Mgr (M Waddell) _____	<input type="checkbox"/> GSEC Budget Mgr (L Pogue) _____
<input type="checkbox"/> Law Business Serv (D Kelley) _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Student Financial Services _____	SFS Name _____