

SAN FRANCISCO STATE UNIVERSITY FOUNDATION
Endowment Fund Agreement

ENDOWMENT FUND NUMBER: _____ New Renewal Amended

SPENDING FUND NUMBER: _____ Start Date : _____
(CAMPUS PROGRAM/SCHOLARSHIP)

PROJECT DIRECTOR: _____

EMAIL: _____ PHONE NUMBER: _____

PROJECT TITLE: _____

PURPOSE OF FUND:

Copy of completed/signed Gift Agreement is attached
Endowment Type: Permanent Temporary Quasi

Copy of bequest/will/trust document is attached

Copy of other document ___is attached
(please indicate)

SOURCE(S) OF REVENUE: _____

TYPE(S) OF EXPENDITURES (From Spending Account): _____

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

Indicate the type of account to be established/ renewed/amended:

Endowment/Scholarship Endowment/Campus Program

- Endowment Policies:**
- Minimum \$25,000 to establish endowment
 - Participation in Unitized Investment Pool
 - Annual Endowment Administration Fee is 1.25% PLUS investment fees
 - Payout Distribution deposited into spending account
 - Expenditures paid only from spending account
 - Certain endowments may need approval by SF State Foundation Board
 - Only scholarships may be paid from scholarship spending account

OTHER REMARKS/COMMENTS:

The Project Director assures that all distributions made from these funds will be for the purpose(s) describe herein and in accordance with the donor's intention and will adhere to the policies and procedures of both San Francisco State University and the SF State 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 authorize transactions on his/her behalf, as indicated upon the Signature Delegation Form.

SUBMITTED BY: _____ DATE: _____
Signature of Project Director

Reviewed & approved by:

School Dean/Unit Head	Date	Other (where applicable)	Date
Chief Financial Officer SF State Foundation	Date		

San Francisco State University Foundation

DELEGATION OF SIGNATURE AUTHORITY

The following individual is delegated the authority to approve the expenditure of funds for official expenditures related to the function of programs as designated by the Endowment Agreement. Such approval will take the form of the named individual's signature on a Check Request, Hospitality Expense Form, Travel Claim, Invoice related to a PO, Honorarium-One Time Payment Request, Independent Contractor Agreement/Invoice, Scholarship Request or similar document authorizing the expenditure of funds. Such approval may also take the form of an electronic authorization made through the SF State Foundation's financial management software, or a third party's workflow software, provided such authorization is made only after the input of a unique password protected log-on identification code assigned to the named individual. This delegation will remain in effect unless/until the authority it conveys is revoked in writing. (PLEASE NOTE THAT A DELEGATEE MAY NOT ALSO BE THE INDIVIDUAL WHO AUTHORIZES THE NAME LISTED ON THIS FORM):

Typed Name

Signature

Title

Email Address

Phone Number

Fund #	Fund Description	Dept #	Dept Description

Please note that all SF State Foundation endowment fund ID's that the delegate is authorized to approve should be listed. Use an additional delegation form if more space is required.

Authorized by Dean/School Unit Head

Signature

Date

Typed Name

Title

Typed Name of Department/College