UNIVERSITY OF ALBERTA
RESEARCH SERVICES OFFICE

Request for New Special Purpose Donation Project

Use this form to request the setup of a new special purpose project to be funded by a gift/donation.

Proposed Project Holder

Principal Investigator (PI)	Project Holder (if not PI)

Faculty	Faculty ID	Department/Division/Centre	Dept ID

Project Title

Donor Information

Donation Amount $	Donor Providing Funds	Donor Contact Name	Donor Phone Number

Project Details

Check all that apply:

☐ University of Alberta Gift Agreement

☐ Excerpt from donor will or letter from executor/lawyer (if a bequest of a fixed amount)

☐ Complete will, final accounting of estate and CRA clearance certificate (if a bequest of a residual amount of percentage of the donor's estate)

☐ Copy of online solicitation

☐ Donor email or copy of cheque/attachment to cheque specifying donor terms

☐ *Other documentation identifying donor intentions – specify*:

New additional University (Department/Faculty-funded) resources are required to support this project:

Space (Additional or Modifications):	☐ Yes	☐ No
Technical Support:	☐ Yes	☐ No
Student Funding:	☐ Yes	☐ No
Teaching Relief/Release:	☐ Yes	☐ No
Faculty/Dept letter or email confirming support is attached:	☐ Yes	☐ No
Other (describe):	☐ Yes	☐ No
Are matching/partner funds in place or intended to be obtained for this project:	☐ Yes	☐ No

Comments:

Proposed Start Date (mm/dd/yyyy)	Project End Date (mm/dd/yyyy)

Project includes honorarium or salary for the Principal Investigator:	☐ Yes	☐ No
Does this project involve Aboriginal/Indigenous peoples, their communities or knowledge systems?	☐ Yes	☐ No

Certifications Required

Note: RSO requires all applicable and current protocol numbers on file before proceeding with this change request. Indicate **Yes** or **No** for each requirement. If **Yes**, please enter AUP/PRO number.

			Protocol 1	Protocol 2	Protocol 3	Protocol 4	Protocol 5
Human	☐ Yes ☐ No	**Human**	PRO	PRO	PRO	PRO	PRO
Animal	☐ Yes ☐ No	**Animal**	AUP	AUP	AUP	AUP	AUP
Biohazard	☐ Yes ☐ No						
Stem Cell	☐ Yes ☐ No						

APPROVALS

Declaration of Project Holder

I hereby confirm that I will:
(1) spend the funds in compliance with donor terms and University policy and procedures (UAPPOL);
(2) comply with all other donor terms;
(3) authorize all expenditures to the project (or delegate where applicable); and
(4) ensure financial reports are accurate and complete.

Project Holder Name (printed)	Project Holder Signature X	Date Signed (mm/dd/yyyy)

Declaration of Senior Financial Officer (SFO)

I hereby confirm that:
(1) I have reviewed the donation and terms; and
(2) the Faculty has processes in place to ensure compliance with all donor terms and University policy and procedures (UAPPOL).

SFO Name (printed)	SFO Signature X	Date Signed (mm/dd/yyyy)

FOR OFFICE OF ADVANCEMENT USE ONLY

Approved by	ADV Name (printed)	ADV Signature X	Date Signed (mm/dd/yyyy)