

**WOU Foundation**  
**Western Oregon University Internal Request for New Fund**  
Bring completed, signed forms to The Cottage or email to [foundation@wou.edu](mailto:foundation@wou.edu).

Requestor \_\_\_\_\_ Department \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

By completing this request, you acknowledge understanding of WOU Foundation policies and procedures found at [wou.edu/foundation](http://wou.edu/foundation).

**Basic Information**

Fund title \_\_\_\_\_

Purpose of fund

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Area of strategic plan supported \_\_\_\_\_

Who benefits from the fund?

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Is this a:      ☐ Expendable fund                      ☐ Endowment  
                    ☐ Limited-time/short-term fund      Date expire: \_\_\_\_\_

**Authorized signers (minimum of two)**

An authorized signer may approve disbursements and request account balances. Signing authority may include a student, but a minimum of two employees is required. Regardless of those listed, managers must always sign for any employee to receive a reimbursement, in addition to an authorized signer. Please indicate if a specific signer is always required.

Title of authorized signer	Current person in position	Required

## **Anticipated Funding and Fundraising Plan**

Amount needed each year (fundraising goal) \$ \_\_\_\_\_

Initial Funding

☐ Gift \$ \_\_\_\_\_ Donor name \_\_\_\_\_

☐ Fundraising activity \_\_\_\_\_ Goal \$ \_\_\_\_\_

☐ Other \_\_\_\_\_ \$ \_\_\_\_\_

How do you propose to fundraise for this fund to achieve your goal each year?

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### **Fund Approvals**

#### **Department/division head approval**

*Considerations: Are other funding sources available? What happens if only partial funding is raised? Is time dedicated to project appropriate? If goal is not met, how will fundraised dollars be handled?*

Printed name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### **Dean approval (when appropriate)**

*Considerations: Are other funding sources available? What happens if only partial funding is raised? Is time dedicated to project appropriate? If goal is not met, how will fundraised dollars be handled?*

Printed name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### **President's Cabinet approval**

*Considerations: Is this a priority for the university? Is there a conflict? Does it adhere to univ. policies?*

Printed name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## WOU Foundation approval

*Considerations: Do similar funds already exist? Does it adhere to Foundation policies? Is there any conflict with other fundraising/development activities?*

Printed name \_\_\_\_\_ Title: Finance Director

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_ Title: Executive Director

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_ Title: Board Chair

Signature \_\_\_\_\_ Date \_\_\_\_\_

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### WOU FOUNDATION SECTION ONLY

FUND NUMBER:

Fund Type: Unrestricted/Temporarily Restricted/ Permanently Restricted

Fund Purpose:

Fund Category:

Fund Department:

Fund Division:

Endowment Type:

Donor Relationships: (DONOR NAME(S) Can be more than one)

Donor Relationship Types: (Can be more than one type; originator, donor, report recipient)

- ☐ Added to Raiser's Edge (Checkbox)
- ☐ Added to Financial Edge (Checkbox)