

The following PDF form should be used for establishing a Sponsored Project Account with funds transferred from the KSU Foundation. It can also be used for the actual transfer of the funds whether that is at the beginning of the project, or for transferring funds that are available as a result of earnings from an endowed fund.

Because the transfer of funds is not usually accompanied by detail invoices to support the expenditures, the Foundation is requesting that an annual report be provided that describes the actual expenditures. This report will be provided by the Division of Financial Services, Sponsored Programs department after the end of each fiscal year (June. 30). Information is provided on the form with the e-mail address and deadline for providing this report.

This PDF form is a FILL-IN form that can be used either with Adobe Reader or with Adobe Professional. If you open the PDF form with Adobe Reader, you will be able to save the blank form for future use, fill-in requested data, print the form, and save the form with filled in data.

You can save the commonly used data (i.e. fund #, fund name, contact information) as a template in order to streamline the preparation of transmittal forms.

If you have access to Adobe Professional, you can customize the form for your college with a drop-down box listing the most used Fund numbers and Fund names. If you need help with this, please contact Christy Scott via e-mail at [christys@found.ksu.edu](mailto:christys@found.ksu.edu).

### **FEATURES OF THE FORM:**

- 1). Fill-in boxes will automatically change the 'font' size to fit the information that you type into the space available.
- 2). The Acct # field is provided for use by some colleges that maintain additional accounting information. This field is NOT required by the Foundation and only needs to be completed if required by the College's Business Officer.
- 3). The Foundation Fund # and Foundation Fund Name boxes in the Check Request section will fill-in automatically from the information entered in the middle section of the form.

### **INSTRUCTIONS:**

- 1). Please provide the Sponsored Project Account # and Name (unless this is the initial application).
- 2). You must attach a copy of the Memorandum of Understanding for the Foundation fund which received the donation. If you need a copy of the MOU, please contact KSU Foundation, Donor Relations department.
- 3). If you are requesting a transfer of funds, you must provide a detail description of how the funds will be utilized by the project.
- 4). The signed copy of the KSUF-9 form a check (made payable to Kansas State University) will be forwarded to the office of Sponsored Projects.

**DATE**

The purpose of this form is to transfer KSU Foundation funds to a Sponsored Project Account. The form may be used to set up a new Sponsored Project Account, to request a specific transfer of funds and to certify that the Sponsored Project satisfies the donor restrictions placed on the Foundation monies.

|   |   |   |
|---|---|---|
| Sponsored Project Acct #<br>(if NEW, so indicate)       | Sponsored Project Title                                 | Original Project Amount<br>(If known)                   |
| <input style="width: 100%; height: 100%;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> |

**Provide Name and Department of Principal Investigator(s) or Project Director(s)**

|   |   |   |
|---|---|---|
| Name and Department                                     | Name and Department                                     | Name and Department                                     |
| <input style="width: 100%; height: 100%;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> |

**DONOR PURPOSE AND RESTRICTIONS**

|   |   |
|---|---|
| Foundation Fund #                                       | Foundation Fund Name                                    |
| <input style="width: 100%; height: 100%;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> |

**A copy of the signed Memorandum of Understanding MUST be attached to this request. The MOU provides information regarding the donor's purpose and restrictions. CHECK ALL THAT APPLY**

- No provisions are imposed concerning publications.
- Patents &/or Copyrights are not retained by the donor
- No specific time limit is designated
- Specific commitment of University resources is not required
- The KSU Foundation REQUIRES an annual expenditure report as of June 30. (E-mail report by Sept. 30 to foundation@found.ksu.edu)

**CHECK REQUEST/ AMOUNT**

|   |   |   |   |
|---|---|---|---|
| Accounting code (optional)                              | Fund #  | Fund Name   | Amount  |
| <input style="width: 100%; height: 100%;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> |

**Provide detail description as to how funds requested will be used.**

By signing this form you are authorizing the project, the account request and certifying that to the best of your knowledge, this project is in compliance with the KSU Conflict of Interest Policy. An annual report of expenditures (as of June 30th) will be provided to the KSU Foundation each year that the project continues to be active.

|  |                 |
|--|-----------------|
| Department Chair Name <input style="width: 90%; height: 20px;" type="text"/> | Signature _____ |
| Dean or Designee <input style="width: 90%; height: 20px;" type="text"/>      | Signature _____ |

By signing this form you are certifying that the funds were received as a gift and that all known conditions or restrictions associated with these funds have been listed.

|                                 |            |
|---------------------------------|------------|
| Signature _____                 | Date _____ |
| KSU Foundation/Name-Title _____ |            |

**CONTACT NAME**

Call for Pickup     Return Ck To:

|           |   |
|-----------|---|
| Name:     | <input style="width: 100%; height: 100%;" type="text"/> |
| Dept:     | <input style="width: 100%; height: 100%;" type="text"/> |
| PH Number | <input style="width: 100%; height: 100%;" type="text"/> |
| Address   | <input style="width: 100%; height: 100%;" type="text"/> |