SAN FRANCISCO STATE UNIVERSITY FOUNDATION
Endowment Fund Agreement

ENDOWMENT FUND NUMBER: ____________________________ New ☐ Renewal ☐ Amended ☐

SPENDING FUND NUMBER: ____________________________ (CAMPUS PROGRAM/SCHOLARSHIP)

Start Date: ________________

PROJECT DIRECTOR: ________________________________

EMAIL: ________________________________ PHONE NUMBER: ________________________________

PROJECT TITLE: ________________________________

PURPOSE OF FUND: ________________________________

☐ Copy of completed/signed Gift Agreement is attached
☐ 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
- 2% Annual Endowment Administration Fee
- 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:

_________________________ Date ____________________________
School Dean/Unit Head

_________________________ Date ____________________________
Other (where applicable)

_________________________ Date ____________________________
Associate Vice President, University Development

_________________________ Date ____________________________
Chief Financial Officer
SF State Foundation

REV 2009-10
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):

<table>
<thead>
<tr>
<th>Typed Name</th>
<th>Signature</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Email Address</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Phone Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Fund #</th>
<th>Fund Description</th>
<th>Dept #</th>
<th>Dept Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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, Project Director)

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

Typed Name Title

Typed Name of Department/College

RETURN FORMS TO: SF STATE FOUNDATION – ADM 154C