

*NC STATE COLLEGE OF SCIENCES FOUNDATION  
NEW FUND REQUEST*

**NC State College of Sciences Foundation accounts support research, scholarships, fellowships, and programmatic funds according to donor intent and require review and approval by the department head. If a proposal or request was sent to the donor to request these funds please attach the documents along with the acceptance letter from donor. Please note if the proposal was requested in the name of the University we cannot create a foundation account. Checks must be made payable to NC State College of Sciences Foundation**

Name of Fund: \_\_\_\_\_

Department: \_\_\_\_\_ OUC: \_\_\_\_\_

Purpose: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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Does this fund support an Official Research Center or Institute? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, please provide name of center/institute: \_\_\_\_\_

Source of Funds: \_\_\_\_\_

Food Exemption? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, please justify: \_\_\_\_\_

Alcohol Exemption? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, please justify: \_\_\_\_\_

\_\_\_\_\_  
Name, Responsible Person  
(please print)

\_\_\_\_\_  
Signature, Responsible Person

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature, Department Head/Chair

\_\_\_\_\_  
Date

New Fund Requested By: \_\_\_\_\_

Requestor's Phone #: \_\_\_\_\_ email: \_\_\_\_\_

Approved: \_\_\_\_\_

Signature, Associate Dean of Advancement

\_\_\_\_\_  
Date

**PLEASE INCLUDE BACKUP DOCUMENTATION SUCH AS LETTER, PROPOSALS, EMAILS, ETC.**

For assistance contact Margaret McEndarfer | 3-7085 | [mkmcenda@ncsu.edu](mailto:mkmcenda@ncsu.edu)