

Project Number _____ Inception Date _____ [] New Project
 (Determined by Foundation) [] Update Existing Project

 (Internal Manager)
 (Foundation use only)

**CAL POLY POMONA FOUNDATION
 PROJECT AUTHORIZATION**

This document is used to authorize the establishment of a project for Administration, Enterprise, and Real Estate Project Agreement.

PROJECT TITLE (30 Characters Only Including Spaces) _____

PURPOSE/GOAL OF PROJECT (State the objective of this project.) _____

TYPE OF PROJECT (All projects receive monthly reports from the Foundation)

[] Foundation Administration (01) [] Enterprise Operations (04) [] Real Estate Development (11) [] Other (specify)

-Foundation Use Only- Dept:			Summary:	Supplementary Part 1:			
Fund:	Function:	Division:	Officer:	Special:	Agency :	REST or	UNRE

FOUNDATION ADMINISTRATIVE FEES

_____ % administrative fee for all expenditures. _____ % administrative fee on average for all revenues.

INVESTED IN GENERAL INVESTMENT PORTFOLIO

[] **ATTACHMENTS/DOCUMENTATION** that is pertinent to the operation of the project. Is any type of correspondence between the Foundation and the third parties regarding the operation of the project, i.e. correspondence, memos of Understanding (MOU's), etc.? It must be forwarded to the Foundation to be placed in the project file for future reference. If there are any licenses required to accomplish this project, please provide license #: _____

HOW FUNDS WILL BE SECURED

Please check if funds (i.e. checks, credit card slips, currency, petty cash, change fund) received by this project maybe held overnight and deposited with the Foundation the next business day: yes ___ no ___. If so, please indicate what department has custody of the vault where the funds will be held.

AUTHORIZED INDIVIDUALS ALLOWED TO RECEIVE MONTHLY PROJECT REPORT(S):

Print Name	Title	Email Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The AS certifies that revenues and expenditures are in compliance with the educational mission of the University, mission of the Foundation, and the policies and procedures of CPPF.

I have read this agreement and agree to the conditions and terms herein.

	Authorized signature	Printed Name	Date:
Primary Authorized Signer	_____	_____	_____
Authorized Signer	_____	_____	_____
Authorized Signer	_____	_____	_____
Authorized Signer	_____	_____	_____

REVIEWED AND APPROVED BY

Foundation Executive Director and Chief Financial Officer signatures are required for all accounts before submitting to Foundation Financial Services.

 Foundation Executive Director (required) Date _____
 Foundation Chief Financial Officer (required) Date

COMPLETION PROCEDURES FOR FOUNDATION PROJECT AUTHORIZATION

Please read the front of this Foundation Project Authorization form before filling it out; especially all the fine print. If you need assistance completing this form please call the Foundation's Financial Services Department at 909 869-2909. **This is a binding contract** between the Authorized Signer (AS) and Cal Poly Pomona Foundation (Foundation). This form is a generic form meant to serve many different kinds of projects. If you have more precise information, please attach them. If you feel the information required on this form does not pertain to your project, please specify in the space provided why it is not necessary information. The more information the Foundation has about your project, the better we can serve you.

Internal Manager This is the internal Manager assigned to the project. Internal Managers monitor project activity and analyze accounts payable, payroll, and other revenue and expense activity.

Project Number This is determined by the Foundation. After the authorization has been approved and returned to the Foundation, a number is assigned to the project. A copy of the authorization, with the project number typed on it, is returned to the AS and the Administrative Account Manager (AAM) once set-up is completed.

New/Update If this is a new project put an X in the box next to New. If this is an update of an existing project put an X in the box next to Update.

Project Title The project title is used to further identify the project. It should define whom the project serves, what program the project serves and what the project type is in a concise manner. The AS usually determines the project title.

Purpose/Goal of Project State the objective of the project. State how this project's activity is compatible with the educational objectives and mission of the University. Please provide any documentation, wills, bequests, memos, etc. that are pertinent to the operation of this project. Please attachment and or list any documents as necessary.

Type of Project and Fees Charged

Foundation Administration – N/A

Enterprise Operations – N/A

Real Estate Development Fund – A project involves real estate development for the Foundation. This project provides support for any expansion of operations, management, and capital projects of real estate development. This project is charged an administrative fee of ____% for all expenditures. This project earns interest.

Other – A project that does not fall into the above type of projects, please provide specific information regarding the purpose of the project. No "Fee for Service" activity can be deposited into these accounts as fee for service are generally considered a grant or contract.

Are there any licenses required to accomplish this project? If a business license or any type of operating license is required to run the project, list the license number that has been issued.

How Funds Will be Secured **A record of the identity of the person(s) with knowledge of the safe combination and the last time the combination was changed must be maintained by the Project Director or their designee(s). In addition, all checks are required to be immediately endorsed, please see Foundation Cashier for an endorsement stamp.**

Authorized Individuals Allowed to Receive Monthly Project Reports Please indicate name, title and email address of individuals authorized to receive monthly project report(s).

Authorized Signer's Signature The AS must sign and date the authorization before it is sent for approval. The authorization is a contract between the AS and the Foundation. Please be sure all the information on the form is correct, that all attachments are correct and accounted for and all the information printed on this form is understood. The Foundation requires at least two (2) Authorized Signers on the project, one being the Primary Authorized Signer.

Reviewed and Approved By Foundation Executive Director and Chief Financial Officer signatures are required for all accounts before submitting to Foundation Financial Services. Foundation Associate Executive Director is also required for Enterprise Operations accounts. Once the authorization has been approved, the project is set up in the Foundation's computer system and a copy of the authorization is sent to the AS and the AAM. After the AS has received the completed and approved authorization, he/she can begin using the project.