

UNIVERSITY OF FLORIDA FOUNDATION, INC.
POST OFFICE BOX 14425
GAINESVILLE, FL 32604

**SOURCE OF FUND (SOF)
INFORMATION FORM (UFF-A)**
SUBMIT TO:
UF FOUNDATION CONTROLLER'S OFFICE
392-5971

_____ New SOF Request
_____ SOF Change Request (highlight changed items)
_____ Close SOF Request

Date: _____
mm/dd/yyyy

SOF Name: _____ SOF#: _____

Administrator Name: _____ Title: _____

Campus Telephone & Extension: _____ Campus Box #: _____

SOF's College/Unit: _____ SOF's Dept. ID: _____

Administrator Signature: _____ E-mail Address: _____

Department Chairperson Approval: _____

*Dean/Director or VP Approval: _____

UFF Executive VP Approval: _____

Is this an endowment (with a minimum of \$30,000): Yes No

Is the Gift Agreement Completed Out for signatures Draft only Will/Trust

Type of gift and amount to be deposited: _____

** Purpose (See gift agreement):

* New Fund Administrators or replacements for current Fund Administrators are appointed by the Dean, Director or Vice President. This form must have the signature of the Dean, Director or Vice President before it is submitted to the Foundation for processing. If the Fund Administrator will be the Dean or Director, the appropriate Vice President must sign. If the Vice President is to be the Fund Administrator, the President must approve.

** Identify the type of activity this SOF is intended to support and any donor restrictions on its use, i.e., unrestricted to a college, restricted to department, student financial aid, faculty and staff support, research facilities, or other. Attach copies of all relevant donor correspondence. Be specific.

NOTE: Incomplete forms or those without proper approval signatures will be returned to the Fund Administrator, possibly resulting in delays in processing your request or access to funds.

Date Entered: _____ By: _____ Effective Date: _____