



Fundraising Project Declaration

Please complete and route for signatures. This form must be completed before faculty/staff at ORU can officially engage in fundraising activities. Please return completed form to the Development and Alumni Relations office – 2nd floor of the Armand Hammer Alumni-Student Center.

Date: _____

Name: _____

Email: _____ Phone: _____

Department: _____

College: _____

Total Value of Funding Needed: _____

Is Funding One Time or Multiple Years: 1Time 2Yrs 3Yrs 4Yrs 5Yrs

Please elaborate on the project and how the funds will be used:

Please list any potential donors that have already been identified:

Is there an existing restricted account set up for this project: _____ If Yes, What is the Org #: _____

Project Reviewed & Approved

	Print Name	Signature	Date
Faculty/Staff	_____	_____	_____
Chair/Director	_____	_____	_____
Dean/VP	_____	_____	_____
Provost* / VP of Operations**	_____	_____	_____
VP Development	_____	_____	_____
President	_____	_____	_____

*Provost signature on academic projects **VP of Operations on all facilities projects