UNIVERSITY OF COLORADO DENVER
Statement of Responsibility for Gift Funds

Gifts are charitable contributions for use by the institution exclusively to fulfill its exempt purpose(s). There can be no expectation of economic benefit on the part of the donor.

By requesting a gift program and certifying to this form you understand the funds that will be used and maintained in the requested program meet the criteria for a gift.

- These funds are not the result of a grant or contract from a governmental entity.
- The donor does not direct to satisfy specific programmatic objectives to be accomplished within a specific time frame or budget.
- The donor does not require deliverables, such as technical or expenditure reports.
- The donation does not contain a provision for an audit by or on behalf of the donor.
- The monies do not involve compliance issues such as, animal use, human subjects, biohazards, and biosafety.
- The donor has not imposed publication restrictions, patent or licensing rights.
- The donor does not require unexpended monies be returned to the donor.
- These funds may not be used for the purchase of alcohol unless approved by the CU Treasurer before the speed-type is set-up. See related Administrative Policy Statement on Alcohol at http://www.cu.edu/policies/Fiscal/AlcoholPurchase-Provision.pdf

If any of the above stipulations are questionable or unclear for the funds that will be maintained in the program you are requesting please describe below:

Purpose of Gift Funds as Stipulated by Donor:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Foundation Account Number and Title (if available): ________________________________

Department Name: ________________________________

I, ________________________________, Certify that I have read, understand, and agree to the above.

(Printed Name)

Signature ________________________________ Date ________________ Phone No. ________________ Campus Box No. ________________

Email address ________________________________

12/17/04