REQUEST FOR NEW PROJECT/GRANT

Williams
Office of the Controller

Fiscal Year: ☐   Project_ID: ☐

Manager: ☐
(Full Name including middle initial; e.g. Jolin,Karen P)

Project/Grant Description:
☐
(30 char)

Department: ☐

Persons with Viewing Access

Name: ☐   Name: ☐

Long Description:
(complete name of project)
(150 char)
☐

Fund Purpose:
(detailed description of fund purpose)
(254 char)
☐

Restrictions:
(detailed description of fund purpose)
☐

Endowment Purpose:

N/A

Project for Endowment Tree (*Gift Annuities must be added*):

PSOA Type:

Gift Annuity Restricted/Unrestricted:
N/A

Income Distribution:
N/A

Endowment Type:
N/A

Sweep Fund: Sweep Department: Associate Account:

Prepared by: Date:

Authorized by: Date:

CHARTFIELD STRING *(To be entered by Finance)*-WMS_PRJ_FUND_COMBO   Fund 1: ☐   Fund 2: ☐

ORGANIZATIONAL ATTRIBUTES *(To be entered by Finance)*   Start Date: ☐   End Date: ☐

WMS_PROJ_RPT_DST	WMS_PROJS_FOR_SOA	WMS_PROJ_RESRCH	WMS_PROJS_MGR	WMS_PROJS_MISC
☐	☐	☐ *(Indirect Cost %)*	☐	☐

WMS_PSMMRY_RPT_DST