



Employee Donor Agreement Form

Please use this form for donations from an Employee or Employee-Vested Company in Support of the Employee’s Own Program or unit. If you have questions about making this gift, please consult the University Advancement Services Gift Acceptance Team at ext. 5-3820 or email develop@sfsu.edu.

Employees donating funds for their own projects or activities must complete the **Employee Donor Agreement Form**. The unit/department must maintain a file that includes the original completed form. A copy of the completed form must accompany the gift and/or Gift Acceptance Form sent to the San Francisco State University Advancement Services Gift Acceptance Team in ADM 154C.

Employee Donor

I, _____ UIN: _____
(9 digit SFSU ID #)

Wish to make a personal gift of \$ _____

Have ownership interest in an entity known as _____
(Company)

With the intention to donate to SF State to support research or programs in _____
(Department/College/Unit)

The funds will support:

I (we) understand that:

The funds must be used to support bonafide University activities, programs or research consistent with the University’s mission. The work or activity supported by these funds may not be combined with personal or professional activities of a commercial nature that are external to my university appointment. For example, an investigator may have a financial conflict of interest if he/she is a consultant to the company sponsoring research in his/her laboratory. Another example is a faculty member who owns significant equity in a company whose product he or she wants to test.

I understand that I have a duty to disclose potential conflict of interest, including but not limited to: ownership share in a company that conducts business with SFSU; ownership share in a company that has made contributions to SFSU; receipt of an honorarium, free service, or a discount from a company that has made a contribution to SFSU.

The Account in which these funds are deposited will be under the control of the VP, AVP, unit head, business officer, dean or department chair or other designated official not under my supervision, and that they shall have responsibility for the disposition of the funds.

If scholarships/fellowships are to be awarded from these funds, the recipients will be selected by a committee appointed by the department and cannot be awarded to me or to members of my family.

These funds cannot be directed to students or employee involved activities that benefit, or appear to benefit, entities in which I have a personal financial interest.

To avoid a conflict of interest, **the University prohibits the use of donated funds (or substituted equivalent amounts from institutional funds) to fund any or all of my salary.** Donated funds may be used for my travel only when it is determined that such travel is exclusively for University business.

Federal tax regulations provide that a gift may not be fully deductible if there is a direct or indirect personal benefit to the donor. I have been advised to consult with a personal tax advisor as to whether my gift is considered a deductible charitable contribution.

I agree to the above terms and conditions.

Employee Donor

Donor Signature

Date

Campus email: _____

Campus ext. or cell # _____

VP/AVP/Unit Head or Dean/Department Chair

I attest that I or another department head, VP/AVP, dean/department chair or business officer will retain control of the University account in which donated research funds are deposited and will be responsible for the disposition of funds. I attest that I am not under the direct supervision of the employee donor. I assure that expenditures of donated funds comply with relevant regulations and that I understand that deficit spending in such accounts is not permitted.

I agree to the above terms and conditions.

Signature

Date

Campus email: _____

Campus ext. or cell # _____