

**APPLICATION FOR UCSF SUPPORT GROUP RECOGNITION  
FISCAL YEAR 2012-2013**



Name of Organization: Alumni Association UCSF

Mailing Address: 220 Montgomery Street, 5<sup>th</sup> Floor, San Francisco, CA 94104

Principal Contact: Andrew Kaufteil, JD

Position: Senior Director, UCSF Alumni Association

Location/Address: 220 Montgomery Street, 5<sup>th</sup> Floor, San Francisco, CA 94104

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**Please return forms to:** **Laura Andersen**  
**University of California, San Francisco**  
**Office of Development and Alumni Relations**  
**220 Montgomery Street, 5<sup>th</sup> Floor**  
**San Francisco, CA 94104**  
**(415) 476-5076**  
**landersen@support.ucsf.edu**

## A. GENERAL INFORMATION

***Please attach the following documents:***

### **Checklist**

1. A list of names, positions, addresses, telephone numbers, and e-mail addresses of the organization's 2012/2013 Officers and Board of Directors. *(Exhibit I)*
  2. Please include a roster of names and addresses of members and donors. *(Exhibit I)*
  3. Please include your organization's purpose and goals (e.g., bylaws, constitution, articles of incorporation). *(Exhibit II)*
  4. An annual plan of fundraising (if applicable), membership drives and other activities for the ensuing fiscal year and how the organization intends to financially support these activities. *(Exhibit III)*
  5. A list identifying any accounts with financial institutions, including the institution's name and address, account numbers, and a statement signed by an appropriate officer or representative of the organization authorizing representatives of the University to receive from the financial institution any information, records, or photocopies of transactions relating to the account(s) as the University may at any time request from the financial institution. *(Exhibit IV)*
  6. If your organization has a website, please provide address:  
<http://www.ucsfalumni.org/s/1420/index.aspx?sid=1420&gid=1&pgid=365>
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**Note: Accounts with any financial institution are subject to approval requirements set forth in the UCSF Support Group Guidelines.**

**Please answer the following questions:**

**Response**

1. **Will the organization raise operating and/or gift funds in fiscal year 2012/2013? If so, please describe these fundraising plans (e.g., direct mailings, events, membership campaigns), including how the organization will financially support them. (Please attach additional pages if needed.)**

*NO*

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2. **Will the organization have other types of activities? If so, please provide a brief description of these activities (e.g., socials, membership drives, newsletters) and how the organization will financially support these activities during the fiscal year 2012/2013.**

*See Exhibit III*

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3. **Does the organization charge memberships dues? (Dues represent money the organization spends on its members and general operating expenses. Dues are not a tax-deductible gift.)** *NO*

a. If yes, please attach a sample of the membership solicitation.

b. How much are the annual dues? \_\_\_\_\_

4. **What types of funds are received by the organization besides membership dues and annual membership gifts (e.g., other charitable donations, sales of merchandise/promotional items)?**

*See Exhibit III*

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**B. ACCOUNTS WITH FINANCIAL INSTITUTIONS**  
*(If your group does not have or need an outside bank account, skip this section)*

N/A – See exhibit IV

1. Please complete the following information on all of the organization's accounts with financial institutions and attach the account statements, one for each month (12) of the 2011/2012 fiscal year, (July 2011 through June 2012).

a. Financial Institution: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Account Type: \_\_\_\_\_

Account Number: \_\_\_\_\_

Types of Funds Deposition in the Account (gift monies or non-gift monies): \_\_\_\_\_

Balance \$: \_\_\_\_\_ as of 6/30/11.

b. Financial Institution: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Account Type: \_\_\_\_\_

Account Number: \_\_\_\_\_

Types of Funds Deposition in the Account (gift monies or non-gift monies): \_\_\_\_\_

Balance \$: \_\_\_\_\_ as of 6/30/11.

2. What is the group's tax identification number for the above bank accounts?  
\_\_\_\_\_

3. Name/title of individuals preparing checks and reconciling outside bank accounts: \_\_\_\_\_

4. Name/title of individual receiving all bank statements:  
\_\_\_\_\_

5. All checks in excess of \$1,000 drawn against the organization bank accounts must be signed by two members of its governing body.

**Note:** All statements must be delivered to an individual who does not prepare checks for signature or reconcile the accounts. *(This is required; please refer to UC Administrative Guidelines for Supports,*

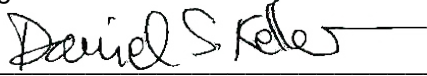
## UCSF SUPPORT GROUP AGREEMENT


As a recognized UCSF Support Group and to receive all services provided therein, each group agrees to:

- A. Provide assistance in fundraising, public service outreach, and/or other services for the University's mission and on behalf of UCSF programs.
- B. Conduct itself in a manner consistent with goals, objectives and standards of UCSF and the UCSF Foundation.
- C. If originally established as a non-profit, 501(c)3, tax-exempt organization, the support group will comply with all state and federal requirements.
- D. The current members of the Board of Directors (or governing body) have been provided with a copy of the Policy and Guidelines and have formally voted that it will comply with the Policy and Guidelines set forth by the Regents of the University of California and the Office of the President.
- E. If established as a non-profit, 501(c)3, tax-exempt organization, the support group agrees to carry general liability insurance (please attached proof of insurance).
- F. Review of all support group records to assure compliance with legal and fiduciary stewardship requirements as outlined in UCSF policy 500-10.
- G. Acknowledge that the University is not responsible for financial commitments/obligations, expenses or losses incurred by the organization.

**PRESIDENT:** \_\_\_\_\_ January 16, 2013 \_\_\_\_\_  
*Signature*  *Date*

**VICE PRESIDENT:** \_\_\_\_\_  
*Signature* *Date*

**TREASURER:** \_\_\_\_\_ January 16, 2013 \_\_\_\_\_  
*Signature*  *Date*

**SECRETARY:** \_\_\_\_\_ January 16, 2013 \_\_\_\_\_  
*Signature*  *Date*

**FISCAL YEAR 2012/2013  
LIST OF OFFICERS & MEMBERS OF THE BOARD OR STEERING COMMITTEE**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Home Address: \_\_\_\_\_

Work Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ (W): \_\_\_\_\_

Fax # \_\_\_\_\_ Email address: \_\_\_\_\_

Date Term Ends: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Home Address: \_\_\_\_\_

Work Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ (W): \_\_\_\_\_

Fax # \_\_\_\_\_ Email address: \_\_\_\_\_

Date Term Ends: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Home Address: \_\_\_\_\_

Work Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ (W): \_\_\_\_\_

Fax # \_\_\_\_\_ Email address: \_\_\_\_\_

Date Term Ends: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Home Address: \_\_\_\_\_

Work Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ (W): \_\_\_\_\_

Fax # \_\_\_\_\_ Email address: \_\_\_\_\_

Date Term Ends: \_\_\_\_\_