

## **Project Authorization Form**

D-1-		
Date		

Project Name	
Brief Description of Project	
(2-3 lines)	
Nature of Project	□ Curricular □ Other:
	□ Extra-Curricular
	If this project is curricular, has it been approved by the Curricular Committee?
	□ Yes □ No
History	Is this project associated with an existing project?
	□ Yes □ No
Associated GL Account	
Number	
School	☐ Architecture ☐ Other Program:
	□ Art
F. davida Cadia Ballan	□ Engineering
Fundraising Goal in Dollars	
Duration of Project	☐ Fiscal Year ☐ Perpetually
	☐ Multiple Fiscal Years ☐ Other:
	to
Purpose of Funds	
(e.g. equipment, event, specific	
program. Please include a short	
· -	
description.)	
Benefits received by	
donor(s)	
(description and fair market value)	
Project Manager	
(Please include Name, Title,	
Telephone, and Email)	
Additional Contacts	
(Please include Names,	
Telephones, Emails, and Roles)	
Additional Documentation	
(If you are attaching additional	
documents, please list them here)	
Have you applied for, or are	
you intending to apply for, a	
grant? If yes, please	
describe.	
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Reviewed and approved by	<i>/</i> :
,	
Project Manager	Dean of School Gift Officer, Office of Alumni Affairs
, -0-	(required for all projects) and Development
Vice President, Finance & Ad	ministration President, The Cooper Union
(if fundraising goal \$10,000 -	·