**UC Santa Cruz**

**Gift Fee Waiver Authorization Form**

Donor Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PIDM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gift Amount \_\_\_\_\_\_\_\_\_\_\_\_\_

Development Officer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Per the Policy on the Administrative Fee on Gifts to the University of California at Santa Cruz (Regents) and the UC Santa Cruz Foundation, all gifts are subject to an administrative gift fee. Please attach this to the Gift Notification Form and gift, and send to Gifts Administration when a waiver is requested. *Gifts that do not have a fully authorized form will be assessed 6% gift fee.*

***Select one of the following waiver types if the gift fee is not to be taken from the gift principal:***

* DEPARTMENT OR DIVISION WILL PAY GIFT FEE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FOAPAL Signature (Head of unit paying fee)

* DONOR WISHES TO PROVIDE A SPECIFIC AMOUNT FOR DEPARTMENT

Donor has made a gift that does not cover the entire fee. The amount of gift to be designated for gift fee is: $\_\_\_\_\_\_\_ (total gift amount is entered above)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (AVC Strategic Philanthropy) Date

* FEE WAIVER–REQUIRES AUTHORIZATION OF VICE CHANCELLOR

*Justification why this full exception to the gift fee should be granted:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_

Authorized: Initials (AVC Philanthropy)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized: Signature (VC University Relations) Date

\_\_\_\_\_\_\_

*Not Authorized*: Initials (AVC Philanthropy)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Not Authorized*: Signature (VC University Relations) Date