



## ACCEPTANCE OF RESPONSIBILITY

**University Enterprises, Inc. Board of Directors award UEI Campus Grants Program funds to**

The \_\_\_\_\_  
 (Name of Project/Activity)

I/We \_\_\_\_\_  
 (Name or Names)

From \_\_\_\_\_  
 (Department, School, Division or Organization)

**do hereby accept full responsibility for the appropriate and timely administration of those funds, according to the intentions and purposes expressed in the above named project funding request.**

Primary Responsible Individual

Alternate Responsible Individual

Name (print) \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

\_\_\_\_\_

Mailing address or campus zip \_\_\_\_\_  
 \_\_\_\_\_

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

Phone \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_

*\*Your signature on this form also authorizes the use of this proposal as an example for future funding cycles.*

**Required for all proposals**

**Required for students and/or student organizations**

College Dean, Department Chair, or Unit Administrator  
 (Supporting letter strongly recommended.)

Faculty Advisor

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Phone

\_\_\_\_\_  
 Phone

*Copies of proposals may at times be forwarded to appropriate Deans or Senior Administrators for reference or input.*