



**Texas A&M University
Financial Management Operations**

Gift Account Information Form

A gift account will not be established in FAMIS until this form is completed and attached to the Request for New Account Form.

Account Name:						
Donor (Primary):						
College:				Department:		
Dept. Code:			Sub-Dept:			
				Mail Stop:		

Indicate below the type of activity this account is intended to support and any donor restrictions on it, e.g., unrestricted to college or restricted to department, student financial aid, faculty and staff research facilities, etc. Please note that the donor correspondence indicating purpose of gift is required and should be attached.

Purpose of Account:

IF THIS GIFT INVOLVES RESEARCH ACTIVITIES, PLEASE CERTIFY THE FOLLOWING:

- This gift is accepted with the understanding that the university recipient(s) are aware of the scope of the research to be conducted. These funds are bestowed voluntarily by the donor and are not subject to a signed contract or with the expectation of any tangible compensation.
- The PI did not apply for this gift as part of a "technical research competitive grant," and there is not a statement of work or project deliverables that will be provided to the donor as results of the work.
- The PI is not obligated to provide any deliverables to the donor as a result of the gift.
- The PI will not release any code or data under an open source permissive license as a result of any research or study being completed that was funded from the gift.

Principal Investigator _____

The Unit Head should forward a signed copy of the form with attachments to the Office of the Vice President for Research for information purpose. The original form and attachments should continue through the normal gift acceptance process in a timely manner.

If this gift involves compliance requirements, please select item(s) that apply:

Human Subjects
 Laboratory Animals
 Recombinant DNA
 Biohazards
 Radioactive Materials
 Conflict of Interest

The required reviews should be completed and appropriate compliance documents filed before research begins

Department Head	_____	Date:	_____	Ext.	_____
Dean/Director of Unit	_____	Date:	_____	Ext.	_____
Department Contact	_____	Date:	_____	Ext.	_____