Graphical user interface

Description automatically generated with low confidence

Endowment Match Program

**Instructions Page**

Each request for Endowment Match Program funds must include a match request form, a notice of board approval, and supporting documentation. Separate request forms are required for each endowment established or expanded with program funds. See <http://cpe.ky.gov/policies/finance/endowmentmatch.html> for more information.

### Match Request Form

A Match Request Form is to be submitted for each endowment match request (Part A).

### Notice of Board Approval

Each institution’s board of trustees or board of regents shall review and approve gifts and pledges for which state matching funds will be requested (Part B). A separate Notice of Board Approval must be submitted with each endowment match request.

The Match Request Form and a sample Notice of Board approval form is provided in Attachment B and is available on the Council’s website.

### Supporting Documentation

Institutions must provide supporting documentation of gifts, grants, and pledges received. For example, institutions should submit the following items with each match request: photocopies of checks received, deposit documentation, executed grant contract or grant award notification (e.g., Title III, KSU), grant budget and narrative (if applicable), or listings of gifts and pledges received by source and by date, donor pledge agreements (if applicable), and signed endowment gift agreements. Institutions must attach a copy of the action taken by the board of trustees or board of regents approving each match request.

Submit PDF copies of the match request form, notice of board approval, and supporting documentation to Ryan Kaffenberger, CPE Associate Director of Budget and Finance, at [Ryan.Kaffenberger@ky.gov](mailto:Ryan.Kaffenberger@ky.gov) and copy Bill Payne at [Bill.Payne@ky.gov](mailto:Bill.Payne@ky.gov). They will acknowledge receipt of your submissions. Feel free to contact them with any questions prior to submission.

Graphical user interface

Description automatically generated with low confidence

Endowment Match Program

**Match Request Form – Part A**

Please complete a separate form for each endowment established or expanded with program funds for which state matching funds are requested. Attach supporting documentation, including Notice of Board Approval, photocopies of checks received, deposit documentation, executed grant contract or grant award notification (e.g., Title III, KSU), grant budget and narrative (if applicable), or listings of gifts and pledges received by source and by date, donor pledge agreements (if applicable), and signed endowment gift agreements.

|  |  |
| --- | --- |
|  |  |
| Institution | Request Date |
|  | |
| Title of Endowment |  |

Is this a new endowment or an expansion of an existing endowment?

|  |  |
| --- | --- |
| New | Existing \_\_\_\_\_\_\_\_\_\_\_ *(Provide date established)* |

What activity will this endowment support? *(Please check one Category and all Activities that apply within that Category)*

|  |  |  |
| --- | --- | --- |
| Category | Quantity | Activity |
| #1 |  | Chair(s) |
|  | Professorship(s) |
|  | Research Scholar(s) (Research Universities only) |
|  | Research Staff |
|  | Research Infrastructure |
| #2 |  | Graduate fellowship(s) |
|  | Undergraduate scholarship(s) (Comprehensive Universities only) |
|  | Mission support project(s) |

For what college, school, center, or department will the investment earnings be expended?

|  |
| --- |
|  |
| Organizational Unit |

What academic program or programs will be supported by the endowment?   
*Please provide Classification of Instructional Program code(s) and description(s) below. Reference:* [*CPE’s List of active program CIP codes*](http://cpe.ky.gov/policies/academicaffairs/academicprogram-stemhprogramlist.pdf)*.*

|  |  |
| --- | --- |
| Program Code | Program Description |
|  |  |
|  |  |
|  |  |
|  |  |

*(Add rows to the table above as necessary.)*

Which of the following areas of emphasis will be supported by this endowment? *(Please check all that apply)*

|  |  |
| --- | --- |
| Science | Mathematics |
| Technology | Health |
| Engineering |  |

* *Language included in HB 1 stipulates that 100 percent of 2022-2024 Endowment Match Program funds must be used to support programs and initiatives in the STEM+H fields.*

Which of the following outcomes are expected from the endowment?   
*(Please check all that apply)*

|  |  |
| --- | --- |
| Create new businesses that increase the number of good jobs in Kentucky. | |
| Create a critical mass of scholars who can influence the national research agenda. | |
| Promote interdisciplinary, problem solving, or applied research activities. | |
| Establish partnerships in the technologies, engineering, and applied sciences. | |
| Other (Please specify): |  |

In the donor table below, please provide the following information on each donor: (a) the date the gift or pledge was received; (b) the total amount of the gift or pledge; (c) amount of cash received as of the request date; (d) pledge amount remaining to be paid; (e) pledge payment schedule; and (f) the final pledge payment due date. Use additional pages if necessary.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Donor Name1** | **Date Gift or Pledge Received** | **Total Gift and Pledge Amount** | **Amount of Cash Received to Date** | **Pledge Amount**  **Remaining** | **Pledge Payment Schedule2** | **Final Pledge Payment Date3** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

In the grant table below, please provide the following information on each granting organization: (a) the date the grant was awarded, or contract executed; (b) the total amount of the grant to be used as matching funds; (c) amount of cash received as of the request date; (d) grant amount remaining to be paid; (e) grant payment schedule; and (f) grant performance period. Use additional pages if necessary.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Granting Organization** | **Date Grant Executed or Awarded** | **Total Amount of Grant** | **Amount of Cash Received to Date** | **Grant Amount**  **Outstanding** | **Grant Payment Schedule2** | **Grant**  **Performance Period4** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

*(Add rows to the tables above as necessary.)*

1 Substitute the word “anonymous” if the donor requests confidentiality.

2 Indicate whether pledge payments are expected monthly, quarterly, semi-annually, annually, or lump sum.

3 Indicate month and year when pledge will be paid in full.

4 Input the performance period formatted as DD/MM/YYYY to DD/MM/YYYY.

Graphical user interface

Description automatically generated with low confidence

Endowment Match Program

**Notice of Board Approval – Part B**

|  |
| --- |
|  |
| *Institution Name* |

Council guidelines stipulate that the boards of trustees and boards of regents of Kentucky’s public universities are responsible for oversight of the Endowment Match Program on their respective campuses. The governing boards are required to review and approve all donations, gifts, grants, and pledges that will be matched with state funds and used to establish new endowments or expand existing endowments under the Bucks for Brains program. Furthermore, the boards are charged with ensuring that the purposes of each endowment and sources of matching funds comply with Council guidelines and serve the public good.

As designated by the signature below, the *[University Name]* hereby notifies the Council on Postsecondary Education that it has received donations, gifts, grants, and pledges in the amount of $\_\_\_\_\_\_\_\_ from *[Donor Name]* *[or Granting Organization]* that will be used to *[establish a new endowment] [or expand an existing endowment]* supporting the *[Endowment Title]* for which it is submitting a request for state matching funds in the amount of $\_\_\_\_\_\_\_\_ under the Bucks for Brains Program. Furthermore, the university’s *[Board of Trustees] [or Board of Regents]* has acknowledged its responsibility for oversight of the endowment established or expanded with these funds in accordance with Council guidelines and procedures and has reviewed and approved the sources and intended uses of these funds.

|  |
| --- |
|  |
| Typed Signature |
|  |
| Title of University Representative |
|  |
| Date |

Please use the email *[email of campus contact]* for questions relating to this submission.

Please attach a copy of the action taken by the Board of Trustees or Board of Regents approving this match request.