Yale SCHOOL OF MEDICINE

Endowment Income Spending - Form

Plan for fund balances greater than twice annual spending

Department: _____

Fiscal Year: _____

Directions: Upon receipt from Central Administration Unit of the Department Held Endowments report for the annual planning meeting, the department must review all endowment balances, and if there are any flagged as "Yes" for balances greater than two times the prior year's actual income, this form must be completed. The Lead Administrator must certify that they have reviewed and agree with the proposed plan at the bottom of this document.

For additional information regarding this form please see *Endowment Incoming Spending - Procedure*. If you have any questions regarding this form, please contact ysmcontroller@yale.edu.

Held By	Gift	Holder Name	Units Owned	Market Value	Prior Year Actual Income	Current Year Income Calculated	Current Year Beginning Balance	Plan for Spending in Current Year	
YSM Central	*GEXXXXXX*	*Jane Smith*	*1,000*	*$ 5,000,000*	*$ 250,000*	*$ 275,000*	*$ 550,000*	*We plan to spend $xx to fund XXXX in the current fiscal year.*	*Example*

Lead Administrator Attestation

As the Lead Administrator for the department identified in this form, I confirm that I have reviewed the above plan and agree with the approach. The information contained therin is true and accurate, to the best of my knowledge. By signing below, I certify the previous statements and affirm my approval of the plan submitted.

Signature: _____

Date: _____

Responsible Office: MEDFIN Finance and Administration
Sponsor: Jess Caponigro, Associate Controller, Yale School of Medicine
Effective Date: 2/12/2025