

**UNIVERSITY OF FLORIDA FOUNDATION, INC.**  
**POST OFFICE BOX 14425**  
**GAINESVILLE, FL 32604**

**SOURCE OF FUND (SOF)**  
**INFORMATION FORM (UFF-A)**

**SUBMIT TO:**  
 UF FOUNDATION FINANCE OFFICE  
 392-5971

- ☐ New SOF Request  
☒ SOF Change Request (highlight changed items)  
☐ Close SOF Request

Date: 03/11/2025  
 mm/dd/yyyy

**SOF Name:** Robert N. Levenson and Grace B. Dunlevy Occupational Therapy Award **SOF#:** F025619

**Administrator Name:** Dr. Sherrilene Classen **Title:** Chair and Professor

**Campus Telephone & Extension:** 352-273-6817 **Campus Box #:** 100164

**SOF's College/Unit:** COLLEGE-PUBL HLTH / HLTH PROFS **SOF's Dept. ID:** 33030000

Should this SOF appear on the public giving website for solicitation? Yes ☒ No ☐

Additional UFLOr Chartfield Information Required for Transfers to UF:

Fund \_\_\_\_\_ Program \_\_\_\_\_ Flex \_\_\_\_\_ Employee ID \_\_\_\_\_ Project # \_\_\_\_\_

Is this an endowment (with a minimum of \$30,000): ☐ Yes ☒ No

Is the Gift Agreement ☐ Completed ☐ Out for signatures ☐ Draft only ☐ Will/Trust

Type of gift and amount to be deposited: \$5,000 Qualified Charitable Distribution

**\*\* Purpose** ( See gift agreement):

Support the Marion County-based educational and research activities of UF Occupational Therapy doctoral students at places such as Transitions Life Center and Marion County Senior Services.

Prepared By (Print): Chris Beatty E-mail Address: cw.beatty@ufl.edu

Administrator Signature: Sherrilene Classen E-mail Address: sclassen@phhp.ufl.edu

\* Dean/Director or VP Approval:  Zach M. Beatty  E-mail Address: bvirnig@ufl.edu

UFF Executive VP Approval: \_\_\_\_\_

\* New Fund Administrators or replacements for current Fund Administrators are appointed by the Dean, Director or Vice President. This form must have the signature of the Dean, Director or Vice President before it is submitted to the Foundation for processing. If the Fund Administrator will be the Dean or Director, the appropriate Vice President must sign. If the Vice President is to be the Fund Administrator, the President must approve.

\*\* Identify the type of activity this SOF is intended to support and any donor restrictions on its use, i.e., unrestricted to a college, restricted to department, student financial aid, faculty and staff support, research facilities, or other. Attach copies of all relevant donor correspondence. Be specific.

**NOTE: Incomplete forms or those without proper approval signatures will be returned to the Fund Administrator, possibly resulting in delays in processing your request or access to funds.**

Date Entered: \_\_\_\_\_ By: \_\_\_\_\_ Effective Date: \_\_\_\_\_

**From:** [Harrison, Blake](#)  
**To:** [Beatty, Christopher W](#)  
**Subject:** Bob and Grace FW: updated fund name and purpose  
**Date:** Monday, March 10, 2025 3:56:34 PM  
**Attachments:** [image001.png](#)  
[image002.png](#)

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Chris,

Please see approval and new fund name and purpose for the Levenson-Dunlevy OT TLC fund and complete the necessary paperwork.

Tomorrow is fine – please keep prioritizing gift acknowledgements.

Best,



**M. Blake Harrison**  
**Director of Advancement**

[College of Public Health and Health Professions](#)  
[University of Florida](#)  
Office: 352.294.5731  
Cell: 270.791.6039  
[blakeharrison@ufl.edu](mailto:blakeharrison@ufl.edu)



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**From:** Grace Dunlevy <[dgdunlevy@yahoo.com](mailto:dgdunlevy@yahoo.com)>  
**Sent:** Monday, March 10, 2025 3:45 PM  
**To:** Harrison, Blake <[blakeharrison@phhp.ufl.edu](mailto:blakeharrison@phhp.ufl.edu)>  
**Subject:** Re: updated fund name and purpose

[External Email]

This looks OK, Blake.

Grace and Bob

On Monday, March 10, 2025 at 12:26:35 PM EDT, Harrison, Blake <[blakeharrison@phhp.ufl.edu](mailto:blakeharrison@phhp.ufl.edu)> wrote:

Fund Name: [Robert N. Levenson and Grace B. Dunlevy Occupational Therapy Award](#)

Purpose: Support the Marion County-based educational and research activities of UF Occupational Therapy doctoral students at places such as Transitions Life Center and Marion County Senior Services.

Best,

|



**M. Blake Harrison**

**Director of Advancement**

[College of Public Health and Health Professions](#)

[University of Florida](#)

Office: 352.294.5731

Cell: 270.791.6039

[blakeharrison@ufl.edu](mailto:blakeharrison@ufl.edu)



## Certificate Of Completion

Envelope Id: 49535CC2-A0B0-46F4-89EA-8CF0BA2CDE44

Status: Completed

Subject: Complete with Docusign: Bob and Grace FW\_ updated fund name and purpose.pdf, FW\_ updated fund n...

Process:

Source Envelope:

Document Pages: 3

Signatures: 2

Envelope Originator:

Certificate Pages: 5

Initials: 0

Christopher Beatty

AutoNav: Enabled

971 Elmore Drive, Rm 102

Envelopeld Stamping: Enabled

PO Box 115250

Time Zone: (UTC-05:00) Eastern Time (US & Canada)

Gainesville, FL 32611

cw.beatty@ufl.edu

IP Address: 159.178.255.1

## Record Tracking

Status: Original

Holder: Christopher Beatty

Location: DocuSign

3/11/2025 10:33:19 AM

cw.beatty@ufl.edu

## Signer Events

### Signature

### Timestamp

Sherrilene Classen

sclassen@ufl.edu

Prof and Chair Department of Occupational Therapy

UF - CFR 21 Part 11 Account

Security Level: Email, Account Authentication  
(None)

Signature Adoption: Pre-selected Style

Using IP Address: 174.64.101.21

Sent: 3/11/2025 10:35:38 AM

Resent: 3/11/2025 10:55:21 AM

Viewed: 3/11/2025 11:04:08 AM

Signed: 3/11/2025 11:04:18 AM

## Electronic Record and Signature Disclosure:

Accepted: 8/7/2023 5:55:04 PM

ID: 551b520a-d845-4f81-bc93-e33324426165

Zachary Bielling

zbielling@ufl.edu

Executive Director, Administration

University of Florida, College of Public Health and

Health Professions

Security Level: Email, Account Authentication  
(None)

Signature Adoption: Uploaded Signature Image

Using IP Address: 159.178.255.1

Sent: 3/11/2025 11:04:20 AM

Viewed: 3/11/2025 3:50:29 PM

Signed: 3/11/2025 3:51:04 PM

## Electronic Record and Signature Disclosure:

Not Offered via Docusign

## In Person Signer Events

### Signature

### Timestamp

## Editor Delivery Events

### Status

### Timestamp

## Agent Delivery Events

### Status

### Timestamp

## Intermediary Delivery Events

### Status

### Timestamp

## Certified Delivery Events

### Status

### Timestamp

## Carbon Copy Events

### Status

### Timestamp

## Witness Events

### Signature

### Timestamp

## Notary Events

### Signature

### Timestamp

## Envelope Summary Events

### Status

### Timestamps

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	3/11/2025 10:35:38 AM
Envelope Updated	Security Checked	3/11/2025 10:52:27 AM
Envelope Updated	Security Checked	3/11/2025 10:52:27 AM
Envelope Updated	Security Checked	3/11/2025 10:52:27 AM
Certified Delivered	Security Checked	3/11/2025 3:50:29 PM
Signing Complete	Security Checked	3/11/2025 3:51:04 PM
Completed	Security Checked	3/11/2025 3:51:04 PM

Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure

## **DISCLOSURE AND CONSENT TO USE ELECTRONIC DOCUMENTS AND SIGNATURES**

From time to time, the University of Florida (we, us, our, or UF) may be required by law to provide you certain written notices or disclosures and may also choose to provide you with agreements, statements, authorizations, acknowledgments and other documents (collectively, "Documents"). Described below are the terms and conditions for providing such Documents electronically through the UFDocuSign electronic signing system. This supplements all other agreements you have with UF; however, in the case of any inconsistency, the terms herein shall control as applied to your consent to receive and sign Documents electronically through UFDocuSign. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to these terms and conditions, please confirm your agreement by clicking the 'I agree' button at the bottom of this document. If you are agreeing on behalf of a business entity, you also agree that you have the requisite authority to consent to this Disclosure and Consent to Use Electronic Records and Signatures on behalf of the entity.

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If you decide to receive Documents from us electronically, you may at any time change your mind and tell us that thereafter you want to receive Documents only in paper format. To indicate to us that you are changing your mind, you must withdraw your consent using the UFDocuSign 'Withdraw Consent' form on the signing page of an UFDocuSign envelope. This will indicate to us that you have withdrawn your consent to receive required notices and disclosures electronically. You will no longer be able to use the UFDocuSign system to receive Documents electronically from us or to electronically sign Documents from us.

If you withdraw your consent, it will become effective only after a reasonable period of time has passed to allow us to process such request. If you elect to receive Documents only in paper format, your withdrawal of consent will have no legal effect on the validity or enforceability of any Documents provided to you in electronic form or electronically signed by you through UFDocuSign prior to the effective date of your withdrawal. Withdrawing your consent means you will be sent and sign Documents in paper form going forward.

To inform us that you no longer want to receive future Documents in electronic form you may:

- i. decline to sign a document from within your UFDocuSign session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent; or
- ii. send us an e-mail to UF-DocuSign@ufl.edu and in the body of such request state your

e-mail, full name, US Postal Address, and telephone number. We do not need any other information from you to withdraw consent.

### **How to contact UF**

You may contact us to let us know of changes to your electronic contact information, to request paper copies of certain information from us, and to withdraw your prior consent to receive Documents electronically as follows:

- To contact us by email send messages to: UF-DocuSign@ufl.edu
- To contact us by paper mail, please send correspondence to:

University of Florida Information Technology  
Attn: UFDocuSign Service  
P.O. Box 113359  
Gainesville, FL 32611-3359

### **To advise UF of your new e-mail address**

You agree to promptly update us regarding any change in your email address so that we may send Documents to you electronically, as needed. To let us know of a change in your e-mail address, you must send an email message to us at UF-DocuSign@ufl.edu and in the body of such request state: your previous e-mail address, your new e-mail address. You also agree to promptly update us regarding any change to your other contact information in the same manner described above.

In addition, you must notify UF to arrange for your new email address to be reflected in your UFDocuSign account by following the process for changing e-mail in the UFDocuSign system.

### **Recommended hardware and software**

Operating Systems:	Most recent final release versions: Windows® and Mac OS®
Browsers:	Final release versions of Internet Explorer® 6.0 or above (Windows only); Mozilla Firefox 2.0 or above (Windows and Mac); Safari™ 3.0 or above (Mac only)
PDF Reader:	Acrobat® or similar software may be required to view and print PDF files
Screen Resolution:	800 x 600 minimum
Enabled Security Settings:	Allow per session cookies

These minimum requirements are subject to change. If these requirements change, you will be asked to re-accept the disclosure. Pre-release (e.g. beta) versions of operating systems and browsers are not supported.

### **Acknowledging your access and consent to receive Documents electronically**

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- I agree to the terms and conditions in this DISCLOSURE AND CONSENT TO USE ELECTRONIC DOCUMENTS AND SIGNATURES document; and
- Until or unless I notify UF as described above, I consent to receive exclusively through electronic means all Documents during the course of my relationship with UF under the terms and conditions set forth in this DISCLOSURE AND CONSENT TO USE ELECTRONIC DOCUMENTS AND SIGNATURES.