

Reference the Foundation Account Policy for additional details.

This form is used to authorize the establishment or update of a Foundation account.

REQUEST UNIT INFORMATION

REQUEST TYPE

Date: _____

Account Contact Person: _____

Email Address: _____

Phone/Ext.: _____

Department: _____
(responsible for acct.)

College: _____
(responsible for acct.)

Division: _____
(responsible for acct.)

New Account Setup:
New Account Name: _____

Donor Restricted Donor Unrestricted

Update Existing Account #: _____

Existing Account Name: _____

ACCOUNT SETUP/UPDATE _____

Account Type:

Program	Scholarship	Build to Endow <small>(select one)</small> Program Scholarship	Endowment <small>(select one)</small> Program Scholarship	Quasi Endowment <small>(select one)</small> Program Scholarship
---------	-------------	--	---	---

Fund Category:

Fund Purpose: _____

Source of Funds: Gifts & Donations Event Revenue Other (explain) _____

 Fundraising _____

 Non-Fundraising _____

Is this account to be added to the CSUF Giving webpage? No Yes Not at this time

Please select or attach any applicable account restrictions or expenditure limitations on this account:

Payroll/Benefits	Travel	Events <small>(all encompassing)</small>
Rent/Utility/Telephone	Conferences/Workshops/Seminars	Entertainment
Equipment/Maintenance	Awards/Honorariums/Stipend	Food/Catering
Consultants/Contract Services	Scholarship	Alcohol
Supplies/Operation Expenses	Other Restrictions: _____	

Disposition of Funds Upon Account Closure (please select one):

Standard Disposition Language – “Transfer to either an appropriate CSFPF account that closely approximates the original purpose. This account may be closed if there is an insufficient level of activity.”

Specific Disposition Language: _____

AUTHORIZED ACCOUNT SIGNERS

The College (*Dean*)/Department Head (*AVP or Executive Director*) and a primary authorized signatory are required for all accounts. A College/Department Head may delegate no more than three (3) signatories, including the primary signatory as required by this agreement. All Authorized Account Signers will be responsible for authorizing transactions, and certifying expenditures comply with CSFPF and CSUF policies and procedures, as well as any restrictions imposed by philanthropic intent. The following individuals are delegated authority to initiate and approve transactions:

College (*Dean*)/Department Head (*AVP or Executive Director*):

1.)

_____	_____	_____
College/Department Head Signatory Signature	Print Name	Date
_____	_____	_____
Title	Department/Division	
_____	_____	_____
Email Address	Phone/Ext.	Campus Address

Check box if all expenditures require approval from the College/Department Head.

Additional Signatory:

2.)

_____	_____	_____
Primary Signatory Signature	Print Name	Date
_____	_____	_____
Title	Department/Division	
_____	_____	_____
Email Address	Phone/Ext.	Campus Address

3.)

_____	_____	_____
Secondary Signatory Signature	Print Name	Date
_____	_____	_____
Title	Department/Division	
_____	_____	_____
Email Address	Phone/Ext.	Campus Address

4.)

_____	_____	_____
Additional Signatory Signature	Print Name	Date
_____	_____	_____
Title	Department/Division	
_____	_____	_____
Email Address	Phone/Ext.	Campus Address

ACCOUNT REPORT ACCESS

In addition to Authorized Account Signers, the individual(s) listed below will be given access only to Foundation account reports:

1.)	_____	_____
	Name	Email Address
2.)	_____	_____
	Name	Email Address
3.)	_____	_____
	Name	Email Address
4.)	_____	_____
	Name	Email Address

SUPPORTING DOCUMENTATION

Please attach all applicable supporting documentation related to account type:

Memorandum & Supplemental Docs
(Required for College, Department, Center/Institute, or Program initiated accounts)

Scholarship Criteria
(Required for all scholarship related accounts)

Donor Agreement or Correspondence
(Required for all endowments)

DELEGATION OF AUTHORITY APPROVAL

My signature certifies I have reviewed this Account Setup Agreement Request and grant Delegation of Signature Authority access to the individual listed above. I certify that this access is appropriate and relevant to the duties and responsibilities they have been appointed to do through their position. Additionally, I acknowledge the individuals named as signatory shall ensure all funds expended from this account will be for the purposes described herein. All Authorized Account Signers will be held responsible for upholding CSFPF and CSUF policy and procedures, restrictions imposed by the donor, and anything else outlined by this agreement.

I understand that all property or equipment purchases with funds from the established account shall become the property of CSFPF and CSUF. In the event the account is terminated, all funds and property shall remain with CSFPF. Disposition of funds may include consolidating funds to a similarly restricted Foundation account unless existing restrictions prohibit such a transfer. This agreement request will be reviewed every five (5) years or sooner.

Division Head or Designee (designee must be on file with the Foundation)	_____	_____
	Print Name	Title
	_____	_____
	Signature	Date

Advancement Services & CSFPF Approvals

Advancement Services: _____
Approved Date

CSFPF: _____
Approved Date

Entered By & Date				Account Number(s)

Please submit the completed form through Adobe Sign (see instructions for details.)