

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

Date: _____

Account Contact Person: _____

Email Address: _____

Phone/Ext.: _____

Department: _____
(responsible for acct.)

College: _____
(responsible for acct.)

Division: _____
(responsible for acct.)

REQUEST TYPE

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
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Fund Purpose: _____

Source of Funds:

Gifts & Donations	Event Revenue Fundraising Non-Fundraising	Other <small>(explain)</small> _____
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Is this account to be added to the CSUF Giving webpage? No Yes Not at this time

Please select all applicable expenditure categories that may be spent from 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 Categories: _____	

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: _____

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

Advancement Services & CSFPF Approvals

Advancement Services: _____
Approved _____ Date _____ Fund Category _____

CSFPF: _____
Approved _____ Date _____

Entered By & Date	Account Number(s)
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Please submit the completed form and supporting documents to UAOperations@fullerton.edu