

(Select Business Unit Above - Please Print or Type This Form)

Kuali IP #: _____

(For Grants/Contract Use)

Fund Request and Signature Authorization Form

The following information is required to create a fund with the Auxiliary Organization of CSU Monterey Bay designated above. Please complete this form in its entirety.

- 1) **For Incentive, Grants & Contract Funds, complete all except #6 and email completed form to grants@csumb.edu;**
- 2) **For Auxiliary Fund, Gift/Donation or Other, please email completed form to corporationaccounting@csumb.edu.**

Choose one: **New Fund** **Close Fund** **Update** _____
(Description of update)

1. Department: _____ College: _____

2. Fund Title: _____

3. Please identify source of funding. Use question four (4) below for additional information.

<p>Grant /Contract <i>(List P.I. and awarding agency below in question four (4) below. Skip question 6.)</i></p> <p>Incentive Fund</p>	<p>Auxiliary Fund <i>(Budgeted by Corporation)</i></p> <p>*Gift/Donation * <i>(University Development approval required on page 2)</i></p> <p>Other <i>(e.g. endowment, sponsorship, program, etc)</i></p>
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4. Purpose and/or description of the fund:

5. In the event of a deficit (expenses exceed revenues), list an auxiliary fund that will cover the deficit. If there is an available balance to be deposited at completion or inactivation list an auxiliary fund to be used (if different than deficit fund). **THIS IS A REQUIRED FIELD.**

6. What type of expenditures will be authorized from this fund?

(Not applicable to grants and contracts. Please refer to agency approved budget for list of authorized expenditures.)

Salaries & Benefits	Faculty Release Time/Overload	Student Wages & Benefits
Honoraria/Awards	Scholarships <i>(no other expenses permitted)</i>	Supplies
Travel	Computers/Printers	Contract Services/Consultants
Hospitality/Catering	Software	Equipment ≥ \$5,000
Other Rental Expense	Space/Facility Rental	Other <i>(specify)</i> _____

7. How will the proposed fund benefit the University and its educational mission? Will University resources such as facilities or employees be involved? If off campus, list address.

8. Additional request/provisions by requestor (e.g. dual signatures):

9. Who will be authorized to make expenditures from this fund?

If no amount is specified, authorized individual can approve any dollar amount

Signature	Authorized Amount (if applicable)	Printed/Typed Name
_____	_____	_____
_____	_____	_____
_____	_____	_____

Authorized Signer Agreement:

All Funds:

- All funds collected are held and applied according to the purpose for which the fund was established. Good business practices will be exercised in all transactions affecting the fund/project. Each obligation will bear the authorization of an individual named in the agreement. It is the responsibility of the department or Project Coordinator to reconcile his/her records monthly. If they do not agree, the Corporation Accounting Office must be notified within 30 days from the end of the month. If no objections are received, the records are deemed to be in agreement.
- Checks should be made payable to the appropriate auxiliary. Any funds that rightfully belong to the State (CSUMB) will not be deposited with the auxiliary.
- All Principal Investigators and their designees certify that they will disclose conflicts of interest related to any federally funded procurement activities in compliance with [PolicyStat ID 14459936](#).

Gift or Donation Funds (in addition to the items listed under All Funds):

- All fundraising efforts by my department will be cleared in advance with University Development for compliance with any Federal, State, CSU and CSUMB requirements or restrictions.
- Donor restrictions on gift deposits to an auxiliary must be consistent with the established purpose of the account. The auxiliary maintains various accounts for University departments as a technique for efficiently managing donor imposed restrictions on funds.
- All withdrawal requests and transfers must be consistent with donor intent and compliant with any Federal, State, CSU, CSUMB, auxiliary of CSUMB and account restrictions/directives. Withdrawal requests will include a detailed explanation of the business purpose of the withdrawal with sufficient explanation to demonstrate that the transaction is consistent with the University's educational mission and donor intent. University Development may occasionally review expenditures to ensure they align with donor intent.

By signing below you are certifying that the person(s) listed above has/have the authority to approve transactions related to this fund/project.

Approved: _____
Supervisor's Signature Type Name Date

Approved: _____
*Next Higher Officer's Approval Signature Type Name Date

** Next Higher Officer's approval is not necessary if the Supervisor is a Vice President. Also, the President's signature is only required if a Vice President is listed in the signature authorization section (question 9) of this form or if a program fund is being requested (see below).*

CAMPUS PROGRAM FUND, ENDOWMENT, DONATION OR SCHOLARSHIP REQUESTS

All requests for a campus program fund must be authorized by the University President or his/her designee. Once authorized, this form serves as the official document of record recognizing the designated Auxiliary Organization as owner of this fund. With this determination of ownership, the Auxiliary Organization will be held accountable and responsible for the administration of these funds, to include the assumption of all legal obligations, fiscal liabilities, and fiduciary responsibilities.

CAMPUS PROGRAM FUND:

Approved: _____
University President's Signature Type Name Date

ENDOWMENT, DONATION OR SCHOLARSHIP FUND:

Approved: _____
University Development Signature Type Name Date

***This section is to be filled by Corporation Accounting upon completion of the form in its entirety and all approving signers have signed.
FOR CORPORATION USE ONLY***

_____ Fund Project NACUBO FNAT

Processed by: University Corporation Accounting Signature