



Foundation Trust Agreement and Fund Request Form

All Campus program accounts must comply with the guidelines and procedures set forth in the instructions. Before completing the application please read the instructions. **Please type or print.**

Completion of this application in FULL is required for all. Please type or print.

Date of Request: _____

General Information

Name of Fund _____	Fund Number: <i>(to be assigned by CSUB if new)</i> _____
Is this a revision to an existing Campus Program account: ___ Yes ___ No	Start Date: _____
Is this account associated with a contract and grants award? ___ Yes ___ No	End Date: _____
(If yes, please provide project name_ and Project ID # _____	Name _____

Fund Requestor Information

Fund Requested by:			
Name	(Last)	(First)	(Middle)
_____	_____	_____	_____
Title _____			
School/Administrative Group:		Department:	

Account Types

<p>Donor Restricted: <input type="checkbox"/></p>	<p>Donor restriction on gifts:</p> <p><input type="checkbox"/> Permanently Restricted (Endorsement)</p> <p><input type="checkbox"/> Temporarily Restricted – please specify</p>
<p>Unrestricted <input type="checkbox"/></p>	

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Describe in detail the restriction on use of gift income: (required for restricted and internally designated accounts)

Please attach documentation regarding donor restrictions on the use of gifts and related income.

Describe in detail the Purpose/Goal of Program:

Describe in detail the Benefit of Program (Explain the educational benefit):

Fund Details

Source of funds:

- Gifts and contributions
- Fundraising / Public Relation Events
- Program Income
- Workshops, Conferences, Institutes Income
- Instructionally-Related Programs and Activities
- Other: Items not specifically listed that will advance the objectives of the University and CSU (explanation required)

Other (explanation is required):

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<p>Will 100% of this project's revenue be deposited into CSUB or one of its auxiliary organizations?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (if not please explain)</p> <p><i>* Note: All checks must be payable to CSU, Bakersfield. All donations, contributions and revenue collected is required to be deposited into the CSUB Foundation account.</i></p>	
<p>Nature of Operations (check as many as applies)</p> <p><input type="checkbox"/> Instruction</p> <p><input type="checkbox"/> Research</p> <p><input type="checkbox"/> Public Service (Community Relations)</p> <p><input type="checkbox"/> Academic Support Activities</p> <p><input type="checkbox"/> Student support Activities including Scholarships and stipends</p> <p><input type="checkbox"/> Institutional Support</p> <p><input type="checkbox"/> Campus Activities</p> <p><input type="checkbox"/> Hospitality</p> <p><input type="checkbox"/> Other (please specify) _____</p>	<p>Explain selection in detail:</p>

Nature of Anticipated Expenditures Allowed: (Check as many as applies)			
<input type="checkbox"/> Hospitality	<input type="checkbox"/> Program Expenses	<input type="checkbox"/> Postage & Freight	<input type="checkbox"/> Specialized Training
<input type="checkbox"/> Salaries	<input type="checkbox"/> Printing	<input type="checkbox"/> Participant cost	<input type="checkbox"/> Honorarium
<input type="checkbox"/> Supplies & Services	<input type="checkbox"/> Stipends	<input type="checkbox"/> Telephone	<input type="checkbox"/> Gift & Contributions
<input type="checkbox"/> Independent Contractors	<input type="checkbox"/> Meeting Expenses	<input type="checkbox"/> Advertising & Promotional	<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> Travel (In & Out of State)	<input type="checkbox"/> Equipment Under \$5,000	<input type="checkbox"/> Conference Fees	<input type="checkbox"/> _____
<input type="checkbox"/> Mileage	<input type="checkbox"/> Equipment Over \$5,000	<input type="checkbox"/> Dues / Memberships	<input type="checkbox"/> _____
<hr/>			
Will Payroll Services be needed: <input type="checkbox"/> No <input type="checkbox"/> Yes (Please explain)			

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Anticipated Duration of Fund _____
Disposition of Fund Balance at Expiration: _____

Authorized Signatures

Print Name	Title	Campus Phone Ext.	Signature
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature: _____
Request for expenditures from this account must be signed by any _____ of the signatories listed above

College Dean (for Academics Units) / Administrative Head Approval

Approved by: (Please Print Name) :	Signature:	Date
_____	_____	_____

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Fund Name _____	Fund No. _____
Department _____	Dept ID _____
Funds are _____ Restricted	_____ Unrestricted
Manager/Accounting Office _____	Signature _____ Date _____
University Controller _____	Signature _____ Date _____
Distribution: Original = Trust File	