### FUND MANAGER INFORMATION

1. Name:

2. Campus Address:

3. Campus Telephone Number:

4. Signature:

5. Alternate Signatory (Optional):

### FUND INFORMATION

6. Proposed Name of Fund:

7. Purpose of the Fund:

8. Amount of Initial Funds: 

9. Source of Initial Funds:

10. MOU Status:

11. Type of Fund:

   - Program Account: [Fund 20]
   - Quasi - Endowment: [Fund 30]
   - Permanent Endowment: [Fund 40]

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**FOUNDATIONS USE ONLY**

Date: 

Approval by CFO of the Foundation: 

The following number(s) have been assigned to the fund:

- Program (Spending) Account: 20-
- Quasi - Endowment: 30-
- Endowment: 40-

*Please retain a copy for your records*
HOW TO COMPLETE REQUEST TO ESTABLISH A FUND FORM

1. Name of Fund manager:  person responsible for the daily operation of the fund.
2. Campus Address of Fund Manager
3. Telephone number of fund manager
4. Signature of Fund Manager:  Signature of person responsible for daily operation of the fund as noted in 1 above
5. Signature of Alternate Signatory:  Signature of person who has been authorized by the Fund Manager(s) to sign on the fund
6. Proposed Name of Fund:  When establishing a memorial fund, the work MEMORIAL must be in the name of the fund.
7. Purpose of the Fund:  Provide a brief description of the purpose of the fund
8. Amount of the Gift (initial funds): Amount to be deposited to open the account after approval of establishment
9. Source(s) of Initial Funds:  Name of donor form whom the gift was received.
10. Describe the status of the MOU.  Is it completed? If not, why & when will it be done?
11. Type of Fund:  Please select the type of fund you wish to establish.

Questions regarding fund establishment should be directed to the Foundation Business Office at 437-5090.