THE UNIVERSITY AT ALBANY FOUNDATION

Request to Establish a Fund

Date: ____________________

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: ____________ Quasi - Endowment: ____________ Permanent Endowment: ____________
   (Fund 20)                   (Fund 30)                        (Fund 40)

********** FOUNDATION USE ONLY **********

Date:_____________________

Approval by Controller 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*