



**THE UNIVERSITY AT ALBANY FOUNDATION**  
**Request to Establish a Fund**

Date: \_\_\_\_\_

No. \_\_\_\_\_

**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- \_\_\_\_\_