



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- _____