



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 CFO of the Foundation: _____

The following number(s) have been assigned to the fund:
Program (Spending) Account: 20- _____
Quasi - Endowment: 30- _____
Endowment: 40- _____

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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 word 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 from 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.