

California State University Stanislaus Foundation

One University Circle, Turlock, CA 95382 Tel: (209) 667-3145 Fax: (209) 667-3076

FOUNDATION ACCOUNT APPLICATION FORM – ENDOWMENT Complete This Form BEFORE Engaging In Fundraising or Accepting Donations

Requestor:	Fund Number:		
Dept:	Phone/Ext:		
Funds must be used to benefit the University, a campus program, students, or an authorized faculty activity. Procurement actions and financial transactions must be undertaken in accordance with University and Foundation policies and procedures.			
Modify/Close Existing Fund F	und Name:		
Establish New Fund	und Name:		
Purpose of Fund: Attach Endowment Agreement 🗆 University Program 🗆 Scholarship 🛛 Academic Program/Chair			
(Additional form is required for setting up an account that endowment will pay out to)			
Source of Funding:	ions 🛛 Fundraisers 🔲	Other (Please Specify):	
Duration:	nt 🗆 Term 🗆	Quasi	
Instructions for Closing Fund:			
Transfer to Related Fund at Close: #Type:Type:			
Name:			
Transfer to State Trust Fund at Close: #			
Send Periodic Funding Statements To:			
Name:	Position:	Email:	
Authorized Signatures for Disbursements/Closing Funds (Type or Print):			
Name:	ne:Signature:		
University Sponsor			
	~		
Name:Signature:University Sponsor			
 Please note that fees will be assessed on all endowment gifts and funds. See policy on web site. 			
 Negative fund balances are not allowed. Funds with negative balances that are not immediately resolved may be closed and will become the liability/responsibility of the department associated with the authorized signatures. In the event that the Authorized Signatories are no longer at the University, the Foundation Executive Director or Treasurer will identify replacement personnel or will close the fund and transfer balances accordingly. 			
Approval is Required for Processing			
Title	Name	Signature	Date
Manager of Advancement Services Or Vice President for University Advancement			
Foundation Treasurer Or			

Foundation Executive Director