

ACCOUNT APPLICATION FORM

California State University, Dominguez Hills Philanthropic Foundation (CSUDHPF) is a non-profit corporation that is an auxiliary of California State University, Dominguez Hills (CSUDH) under the agreement with the CSU trustees and is exempt from Federal income tax under section 501(C)(3) of the Internal Revenue Code. CSUDHPF is the sole repository for philanthropic contributions from individuals, corporations, foundations, and other organizations in support of activities and programs of California State University, Dominguez Hills.

Funds must be used to benefit the University, a campus program, students, or an authorized faculty activity.

Accounts must comply with the guidelines, policies, and procedures of California State University, Dominguez Hills Philanthropic Foundation.

The account will automatically expire three (3) years from the date of its opening, at which point any remaining funds will be disposed of in accordance with the account application. Account holders must renew their accounts prior to expiration.

Complete all sections and return to Office of Advancement Services, Welch Hall A425

If you have any questions or need assistance, please contact Director of Advancement Services, at (310) 243-2673 or GiftAdmin@csudh.edu

Requestor: _____ Account Number: _____

Department: _____ Phone/Ext: _____

ACCOUNT APPLICATION TYPE

Establish New Account. Account Name: _____

Account Name for Acknowledgement Letter: _____

Modify Existing Account #: _____. Account Name: _____

Close Existing Account # _____. Reason: _____

SOURCES OF FUND

Contributions (Gifts) Other: _____

PURPOSE OF ACCOUNT

Campus Program Endowments
 Scholarships Grants

ACCOUNT CATEGORIES

Current Operations – Unrestricted Capital Purposes – Endowment: Income Restricted
 Current Operations – Restricted Capital Purposes -- Loan Funds
 Capital Purposes -- Property, Building, & Equipment Deferred Giving
 Capital Purposes – Endowment: Income Unrestricted

For Endowments only:

Duration: Permanent Term Quasi

DESIGNATED DIVISION

Academic Affairs
 Administration and Finance
 Associated Students Inc.
 Athletics
 Information Technology
 President's Office
 Student Affairs
 University Advancement
 Other: _____

DESIGNATED COLLEGE/PROGRAM

College of Arts & Humanities
 College of Business Administration & Public Policy
 College of Education
 College of Extended and International Education
 College of Health, Human Services and Nursing
 College of Natural & Behavioral Science
 Library
 California Academy of Math and Science (CAMS)

FUND PURPOSE and/or DESCRIPTION OF RESTRICTIONS ON USE OF GIFTS and/or ENDOWMENT INCOME:

Please attach documentation re: donor restrictions on the use of gifts and related income or any relevant documentation.

INSTRUCTIONS FOR CLOSING ACCOUNT

- Transfer to Related Fund: Account # _____ . Account Name: _____

- Transfer to State Trust Fund: Account # _____ . Account Name: _____

ACCOUNT DIRECTOR (Officer):

Print or Type Name: _____ Title: _____

Signature: _____ Date: _____

ACCOUNT SIGNERS FOR DISBURSEMENTS/CLOSING ACCOUNTS (Designate a minimum of two signatories):

_____	_____	_____
<i>Print Name #1</i>	<i>Title</i>	<i>Signature</i>
_____	_____	_____
<i>Campus Address (Office Location)</i>	<i>Department</i>	<i>Campus Telephone</i>
_____	_____	_____
<i>Print Name #2</i>	<i>Title</i>	<i>Signature</i>
_____	_____	_____
<i>Campus Address (Office Location)</i>	<i>Department</i>	<i>Campus Telephone</i>
_____	_____	_____
<i>Print Name #3</i>	<i>Title</i>	<i>Signature</i>
_____	_____	_____
<i>Campus Address (Office Location)</i>	<i>Department</i>	<i>Campus Telephone</i>

Check requests for withdrawal of funds from this account must be signed by one or more of the signatories listed above in accordance with Philanthropic Foundation Policy.

ACCOUNT REPORT ACCESS: To obtain access, submit the Financial Inquiry System Application from Foundation via online.

APPROVAL OF ACCOUNT:

_____	_____	_____
<i>DIVISION HEAD</i>	<i>Signature</i>	<i>Date</i>
_____	_____	_____
<i>UNIVERSITY CFO - Name</i>	<i>Signature</i>	<i>Date</i>
_____	_____	_____
<i>CSUDHPF CFO - Name</i>	<i>Signature</i>	<i>Date</i>

Primary Signatory Agreement

As a primary signatory for a California State University, Dominguez Hills Philanthropic Foundation account, I understand and agree that **I am responsible to reasonably ensure the following:**

- All fundraising efforts by my department will be cleared with University Advancement for compliance with any Federal, State, CSU, and CSUDH requirements or restrictions.
- Donor restrictions on gift deposits to a CSUDHPF account must be consistent with the established purpose of the account. The CSUDHPF maintains various accounts for University departments as a technique for efficiently managing donor-imposed restrictions on funds.
- Donors should be instructed to make checks payable to the California State University, Dominguez Hills Philanthropic Foundation or CSUDHPF. Any funds that rightfully belong to the State will *not* be deposited with the CSUDHPF. Essentially, checks made payable to the University or one of its departments or programs cannot be deposited into the CSUDHPF.
- All withdrawal requests and transfers must be consistent with donor intent and compliant with any Federal, State, CSU, CSUDH, CSUDHPF and account restrictions/directives. Withdrawal requests will include a detailed explanation of the business purpose of the withdrawal with sufficient explanation to demonstrate that the transaction is consistent with the University's educational mission. For payment of invoices, original documentation should accompany the check request.
- I understand that interest earnings for Campus Programs and Scholarship accounts are retained by CSUDHPF to cover its operating costs; that an administrative fee is charged on all endowment accounts based on CSUDHPF Board policy; that credit card processing fees are charged for credit card deposit transactions; and that other fees may be charged based on the CSUDHPF Policy on Administrative Fees.
- As the primary signatory, I understand that I am responsible for the monthly reconciliation between departmental records and the CSUDHPF accounting printouts and will work with the CSUDHPF to correct any discrepancies in a timely manner.

California State University, Dominguez Hills Philanthropic Foundation is an auxiliary organization of California State University, Dominguez Hills. As such, the CSUDHPF is obliged to manage all funds pursuant to applicable State, CSU, and CSUDH policies and procedures.

Type or Print Name of Primary Signatory

Signature of Primary Signatory

Date

Note: CSUDHPF requires a signed Agreement on file for the Primary Signer on any CSUDHPF account. If a signer is the Primary Signer on more than one CSUDHPF account, only one signed Agreement is necessary. Please return signed Agreements to CSUDHPF, Welch Hall 425 (Attn: Office of Advancement Services).

For Advancement Services Office Use Only:

Fund ID: _____

VSE PURPOSE:

- | | | |
|--|---|--|
| <input type="checkbox"/> CO – Academic Divisions | <input type="checkbox"/> CO – Other Restricted | <input type="checkbox"/> CP – Endowment Restricted |
| <input type="checkbox"/> CO – Athletics | <input type="checkbox"/> CO – Public Service & Extension | <input type="checkbox"/> CP – Endowment Unrestricted |
| <input type="checkbox"/> CO – Faculty & Staff Compensation | <input type="checkbox"/> CO – Research | <input type="checkbox"/> CP – Loan Funds |
| <input type="checkbox"/> CO – Library | <input type="checkbox"/> CO – Student Financial Aid (Scholarship) | <input type="checkbox"/> CP – Property Building |
| <input type="checkbox"/> CO – Operation & Maintenance of Plant | <input type="checkbox"/> CO – Unrestricted | |

Print Name of Advancement Services Officer: _____

Signature: _____

Date: _____

For Business Services Use Only:

Dept # _____

Officer: _____

Fund: _____

Entity: _____

Function: _____

School: _____

College/Division: _____

Financial Designation:

- | | |
|---|--|
| <input type="checkbox"/> Institutional/Compensation | <input type="checkbox"/> Institution Support |
| <input type="checkbox"/> Research | <input type="checkbox"/> State Grants/Scholarships |
| <input type="checkbox"/> Academic Support | <input type="checkbox"/> Auxiliary |
| <input type="checkbox"/> Student Services | |