

California State University, Northridge Foundation is a not-for-profit corporation that is an auxiliary of CSUN under agreement with the CSU trustees and is exempt from Federal income tax under Section 501(C)(3) of the Internal Revenue Code. California State University, Northridge Foundation is the sole repository for philanthropic contributions from individuals, corporations, foundations and other organizations in support of activities and programs of California State University, Northridge.

FUND INFORMATION

Fund must comply with the guidelines, policies and procedures of California State University, Northridge Foundation.

Fund Name

Purpose of Fund

College/Area

Department

FUND TYPE

Choose One:

Purpose: One Per Fund

Attach Documents As Needed:

Scholarships

Student Financial Aid

Scholarship Criteria *(required)*

Endowment

or

Quasi-Endowment

- | | |
|---|--|
| <input type="checkbox"/> Academic Support | <input type="checkbox"/> Public Service & Extension |
| <input type="checkbox"/> Athletics | <input type="checkbox"/> Research |
| <input type="checkbox"/> Faculty Support | <input type="checkbox"/> Student Financial Aid (Scholarship) |
| <input type="checkbox"/> Library | |
| <input type="checkbox"/> Operation & Maintenance of Plant | |
| <input type="checkbox"/> Other: _____ | |

- \$25K Cash or Pledge *(required)*
- Donor Signed Agreement *(required)*
- Scholarship Criteria *(required)*
(for scholarship endowments)

Restricted

or

Unrestricted

- | | |
|--|---|
| <input type="checkbox"/> Academic Support | <input type="checkbox"/> Operation & Maintenance of Plant |
| <input type="checkbox"/> Athletics | <input type="checkbox"/> Public Service & Extension |
| <input type="checkbox"/> Faculty Support | <input type="checkbox"/> Research |
| <input type="checkbox"/> Fundraising Event | |
| <input type="checkbox"/> Library | |
| <input type="checkbox"/> Other: _____ | |

FUND APPROVERS FOR EXPENDITURES

Fund Director

1. Name _____ Department _____ Mail Drop _____
Signature _____ Title _____ Extension _____

Signatories in addition to Fund Director

2. Name _____ Department _____ Mail Drop _____
Signature _____ Title _____ Extension _____

3. Name _____ Department _____ Mail Drop _____
Signature _____ Title _____ Extension _____

4. Name _____ Department _____ Mail Drop _____
Signature _____ Title _____ Extension _____

All expenditures require approval from the Dean's Office

RECIPIENTS OF STATEMENTS

Fund Director and Additional Signatories will automatically receive fund statements.
Please provide names and emails below for additional recipients.

Name _____ Email _____
Name _____ Email _____
Name _____ Email _____

DIVISION APPROVAL (PRESIDENT/VICE PRESIDENT/DEAN)

I approve the opening of this account and the authorized signatories.

Name _____ Signature _____ Date _____

UNIVERSITY APPROVAL (PRESIDENT/DELEGATED DESIGNEE)

Under ICSUAM 13680.00, this fund is appropriate for placement and control with the CSUN Foundation.

Name _____ Signature _____ Date _____

FOR FOUNDATION USE ONLY

PeopleSoft Fund _____ Class _____ Department Code _____
Raiser's Edge Fund _____ VSE Purpose _____

Name of Foundation Officer

Signature

Date