

Route this form to:
 University Controller
 Attn: Roz Kieschnick
 CHSS #432
 Fax: (936) 294-3903

Form:
 1

Rev: 4/21/10

Agency Account/Fund Request Questionnaire

If you have questions about this form, contact 5 RJ . ILMFKQFNat:
 () 4-

Name of the Organization:

		Yes	No
1	Is this a 501(c)(3) organization?	<input type="checkbox"/>	<input type="checkbox"/>
2	If not a 501(c)(3) organization, please indicate your legal/corporate status: <div style="background-color: #e0f0ff; height: 20px; width: 100%;"></div>		
3	Is this organization a recognized "student organization" under University policies or in any way affiliated or associated with the University?	<input type="checkbox"/>	<input type="checkbox"/>
	If so, indicate the nature of the affiliation or association with the University: <div style="background-color: #e0f0ff; height: 20px; width: 100%;"></div>		
4	Indicate the organization's federal ID number: <div style="background-color: #e0f0ff; height: 20px; width: 100%;"></div>		
5	Indicate the reason(s) why an agency account/fund is being requested: <div style="background-color: #e0f0ff; height: 20px; width: 100%;"></div>		
6	Describe the nature of the activity that will be processed through this account: <i>(Where does the funding come from and what are these funds spent for?)</i> <div style="background-color: #e0f0ff; height: 20px; width: 100%;"></div>		
7	Name of requestor/sponsor of organization (must be University employee): Provide Department Name, Requestor/Sponsor SamID, Phone # & Email:		
8	Student Representative(s): Provide Student Rep(s) SamID, Phone # & Email:		
9	Does this activity involve grants awarded to the University, which the University, in turn, allocates to third parties that it selects and/or monitors for compliance with the terms of the grant?	<input type="checkbox"/>	<input type="checkbox"/>
10	Do you receive cash that you <u>must</u> disburse to specific third parties that the resource provider specifies, or else return the cash to the provider?	<input type="checkbox"/>	<input type="checkbox"/>
11	Please provide any additional information that you feel may be relevant:		

Agency Account/Fund Request Questionnaire

Name of the Organization:

<i>Signatures</i>		
_____	_____	_____
Sponsor of the 2 UDCJ, DMRQ5 HTXHMWJ WH Agency Fund	Date	Phone #
_____	_____	
Student Representative 1 (& 2 If applicable)	Date	
_____	_____	
Dean/VP/Designee	Date	

Controller's Office Use Only:

Approved:
Denied:
Further Inquiry?
Route to ORA?