



Sam Houston State University

MEMBER THE TEXAS STATE UNIVERSITY SYSTEM

Office of the Controller

Agency Fund Request Questionnaire

1. What is the name of the organization requesting an agency fund?

2. Please describe how the organization's activities are related to the mission of the University.

3. Is this a 501(c)3 organization? Yes No

If no, please indicate your legal/corporate status:

4. What is this organization's federal ID number? _____

5. Please describe this organization's affiliation/relationship with SHSU.

6. Please indicate the reason(s) why an agency fund is being requested and why it is most beneficial to have it on deposit at SHSU.

7. Describe the nature of the activity that will be processed through this account: (Where does the funding come from and what are these funds spent for?)

8. SHSU Agency accounts must have a university employee as a sponsor of the fund.

a. Name of sponsor: _____

b. Department of sponsor: _____

c. Phone number: _____

d. Email: _____

9. SHSU agency sponsors may delegate up to two members of the organization to have signature authority. Please list those members, their title, and a phone number.

a. Name 1: _____

b. Title: _____

c. Phone number: _____

d. Name 2: _____

e. Title: _____

f. Phone number: _____

10. Does this activity involve grants awarded to SHSU, which SHSU, in turn allocates to third parties that it selects and/or monitors for compliance with the terms of the grant?

Yes No

11. Do you receive cash that you must disburse to specific third parties that the resource provider specifies, or else return the cash to the provider?

Yes No

12. If the organization dissolves, where will any remaining deposits need to be sent?

13. If you have bylaws governing your organization, please attach them to this request.

14. Please provide any additional information that you feel may be relevant.

By signing below, you acknowledge that you have read and accepted SHSU Policy FO-59. Furthermore, you acknowledge that SHSU is not responsible for any tax liability related to this account. It is the responsibility of the requesting entity to determine appropriate tax status and treatment.

Creation of agency funds are at the sole discretion of the University. The agency fund can be terminated, with appropriate notice, at the University's discretion. Acceptance does not automatically entitle the organization to the use of any University Services.

Signatures:

Sponsor of the Organization requesting the Agency Fund

Signature Printed Name Date

Representatives with signature authority

_____	_____	_____
Signature	Printed Name	Date

_____	_____	_____
Signature	Printed Name	Date

Approvals:

Dean/VP approval

_____	_____	_____
Signature	Printed Name	Date

Controller Approval

_____	_____	_____
Signature	Printed Name	Date

Please route this form to:

Controller's Office
Attn: Lisa Lucas
Box 2183
Thomason 201
Fax: 936-294-3054

Please direct any questions to Lisa Lucas in the Controller's Office.