

CSU, Chico
Agreement for Campus Trust Fund

New
 Update

PART 1: GENERAL INFORMATION

This agreement between the Activity Director and CSU, Chico is used to authorize the establishment of a campus trust activity. Activities must comply with the guidelines, policies and procedures of the CSU and CSU, Chico.

ACTIVITY TITLE _____

ACTIVITY DIRECTOR _____ EXPECTED DURATION Indefinite Until approximately _____

COLLEGE _____ DEPARTMENT _____ ZIP _____ EXT _____

ACTIVITY LOCATION

On Campus and/or Off Campus: address _____

DESCRIBE PURPOSE OF ACTIVITY:

PART 2: FUNDING SOURCES

SOURCE OF FUNDING—Check all that could apply

- Transfer from Foundation account(s) # _____
- Sales of goods or services (specify) _____
- Special events (specify type i.e. conferences) _____
- External funding (specify type) _____
- Other (specify) _____

PART 3: EXPENSE TYPES

NATURE OF ANTICIPATED EXPENSES—Check all expense types you may have

- | | | | | |
|--|------------------------------------|-----------------------------------|--|--|
| <input type="checkbox"/> Salaries &/or Benefits | <input type="checkbox"/> Supplies | <input type="checkbox"/> Software | <input type="checkbox"/> Computers/Printers | <input type="checkbox"/> Room/Facility Rental |
| <input type="checkbox"/> Consultants/Contract Services | <input type="checkbox"/> Postage | <input type="checkbox"/> Printing | <input type="checkbox"/> Equipment < \$5,000 | <input type="checkbox"/> Construction Project(s) |
| <input type="checkbox"/> Hospitality/Catering | <input type="checkbox"/> Telephone | <input type="checkbox"/> Travel | <input type="checkbox"/> Equipment ≥ \$5,000 | <input type="checkbox"/> Other _____ |

PART 4: RISK MANAGEMENT

Will the activities involve the following?

- | | | |
|---|------------------------------|-----------------------------|
| • Individuals driving as a required part of their job duties? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Potential payments (salary/services, stipend, travel, etc.) to non-US citizens? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Special events that may require a certificate of insurance (events involving increased liability or high risk)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Using hazardous materials or involvement in a hazardous activity? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Working with minors, disabled or elderly? If yes, check or specify _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Using volunteers | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

PART 5: DISPOSITION OF FUNDS AND ACCOUNT CLOSURE

DISPOSITION OF FUNDS

Upon closure of activity any balance of funds shall be disposed of as follows: transfer to original State funding source.
 transfer to the discretionary trust account of VPBF VPSA _____ to administer on behalf of the university.
 other _____

ACCOUNT CLOSURE

To close this activity, send an email to Accounting Operations requesting account closure. Include the following:

- Reason for account closure
- Proposed disposition of funds
- Property location (if applicable)

