



New Update

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.

GENERAL INFORMATION

Activity Title: _____

Activity Director: _____ Expected Duration: Indefinite Until Approx.: _____

College: _____ Dept.: _____ ZIP: _____ Ext.: _____

Activity Location: On campus and/or Off campus: address _____

Describe Purpose of Activity: _____

FUNDING SOURCES

Source of funding: Check all that could apply.

Transfer from Chico State Enterprises account(s) #: _____

Transfer from University Foundation: _____

Sales of goods or services (specify): _____

Special events (specify type i.e. conference): _____

External funding (specify type): _____

Other (specify): _____

EXPENSE TYPES

Nature of Anticipated Expenses: Check all expense types you may have.

Salaries &/or Benefits Supplies Software Computers/Printers Room/Facility Rental

Consultants/Contract Services Postage Printing Equipment < \$5,000 Other _____

Hospitality/Catering Telephone Travel Equipment ≥ \$5,000 Other _____

RISK MANAGEMENT

Will the activities involve the following?

- Individuals driving as a required part of their job duties? Yes No
- Potential payments (salary/services, stipend, travel, etc.) to non-US citizens? Yes No
- Special events that involve serving food, utilization of outside vendors or activities that may present a risk of injury to participants? Yes No
- Using hazardous materials or involvement in a hazardous activity? Yes No
- Working with minors, disabled or elderly? If yes, specify which _____ Yes No
- Using volunteers Yes No

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 a Financial Accounting & Reporting employee requesting account closure. Include the following:

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



TERMS AND CONDITIONS

CSU, Chico agrees to monitor and enforce the following terms and conditions:

- The activity has an administrative fee set by Financial Services in the amount of 4% of monthly revenue. This may increase annually by 20 basis points or cumulatively over 5 years not to exceed 100 basis points (5%) by the fifth year.
- The activity funds will not earn interest.
- Negative balances are not allowed. Accounts with negative balances may be closed and will become the liability/responsibility of the department associated with the project director.
- All property or equipment purchased from this activity is campus property and must be tagged as State property.
- Disposition of property will be determined at project closure.

Activity Director's Responsibilities include:

- Ensuring all funds expended on this project will be for the purposes described herein.
- Signature authority on this agreement.
- Ensuring expenditures will be made by his/her designated signatories.
- Certifying that expenditures are in compliance with the educational mission of the University and the policies and procedures of the CSU (i.e. hospitality and travel policies).
- Complying with any and all University policies, procedures and/or directives (as amended from time to time) including the hiring, payment and supervision of employees.
- Reviewing and monitoring this activity and reporting any discrepancies upon discovery.
- Updating the signature authority each time the designee changes.

PERSON(S) AUTHORIZED TO EXPEND FUNDS AND TO SIGN PURCHASING DOCUMENTS

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Signature	Typed or Printed Name	Date	Ext.

AGREEMENT APPROVALS

I have read this agreement and agree to all terms and conditions.

Activity Director's Signature: _____ Date: _____

REVIEWED AND APPROVED BY

VP/Dean/Unit Administrator: _____ Date: _____

Department Chair (if applicable): _____ Date: _____

This activity complies with University Policy regarding the Establishment of Trust Funds.

Director, Financial Accounting & Reporting: _____ Date: _____

Associate VP Financial Services & University Budget: _____ Date: _____

STATE CHARTFIELD

Fund	Dept. ID	Program (Optional)	CSU Fund
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