APPLICATION TO ESTABLISH A FUND

Agency: _____ Business Area #: _____ Fiscal Year: _____

Address: _____ Date: _____

Official Name of Fund: _____

Purpose and Description: _____

_____

Will Fund be used for payroll?   _____Yes   _____No

Source of Revenue: _____

Legal Authority: (please attach) _____

For all funds, will fund retain interest?   Yes   No   **If yes**, legal authority: _____

For Bond Fund only, please specify fund that retains interest: _____
Legal Authority for Bond Fund interest: _____

Requested Fund Number (10 digits):   _____

Fund Application/Functional Area (6 digits):   _____

Program Number/Functional Area (8 digits):   _____

Cost Center (10 digits):   _____
(Please use your Cost Center Spreadsheet if there are additional fund/cost center combinations)

Contact for questions: _____

_____   Phone Number: _____
Signature of Agency Head

FOR DFA USE ONLY

Class: _____

Category: _____

Budgetary Function: _____

CAFR Function: _____

Fund Balance Account: _____

Government-Wide Indicator: _____

Unbudgeted Fund Indicator: _____

GAAP Fund Type: _____

DFA/OFM Signature _____   Date _____