

**APPLICATION TO DEACTIVATE A FUND**

Agency: \_\_\_\_\_ Business Area #: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

Official Name of Fund: \_\_\_\_\_

Reason for Deactivation: \_\_\_\_\_

Legal Authority for deactivation and transfer of interest and balances: \_\_\_\_\_

Does the fund have:

Assets \_\_\_\_\_

Open Receivables \_\_\_\_\_

Open Payables \_\_\_\_\_

**Fund Number to deactivate (10 digits):** \_\_\_\_\_

**Fund Number for residual interest,  
if fund retains interest:** \_\_\_\_\_

**Cost Center for receiving fund:** \_\_\_\_\_

**Fund Number to transfer residual balances to  
(assets, liabilities, and fund balances)** \_\_\_\_\_

Contact for questions: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Agency Head

**FOR DFA USE ONLY**

Deactivation Approved \_\_\_\_\_ YES \_\_\_\_\_ NO

Comments:

\_\_\_\_\_  
\_\_\_\_\_

DFA/OFM Signature \_\_\_\_\_

Date \_\_\_\_\_