

DATE: _____

BEN Financials New Fund Request Form

Use this form to request a New Fund Number. Complete all information and return completed forms to Trust Administration at FMC Tower, 2929 Walnut Street, Suite 300. You will be notified via e-mail of the New Fund Number. Please direct any questions regarding the completion of this form or the status of the request to Irma T. Lerma ext. 8-2682 or lerma@upenn.edu

For Trust Administration Use Only: Date Fund Established: ____/____/____ Completed by (initials): ____ ATLAS Mapping: ____ - ____ - ____ -XXXX- ____ - ____ <div style="display: flex; justify-content: space-around; font-size: small;"> CNAC ORG BC FUND OBJ PROG CREF </div>	FUND # _____
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Please complete all of the following information:

Fund Name: _____

Fund Type (check one): True Endowment Fund (4XXXXXX) ____ Term Endowment Fund (4XXXXXX) ____
 Quasi-Endowment Fund (4XXXXXX) ____ Agency Fund (9XXXXXX) ____ Restricted Operating Term Gift Fund (60XXXX) ____
 Unrestricted Operating Gift Fund (63XXXX) ____ Capital Project Gift Fund (65XXXX) ____

Responsible ORG: _____ (The Responsible ORG is the organizational unit that has fiduciary responsibility for all of the activity within the Fund. The organizational unit that has been designated the "Responsible ORG" for the Fund is authorized to view all combinations used with that Fund, regardless of the ORG Value.)

ORG (if different from Responsible ORG): _____ **PROGRAM:** _____ **CREF:** _____

Indirect Cost Recovery [Overhead] (check one): YES ____ NO ____

Purpose of New Fund: *Include a brief description of the New Fund – the purpose, sources of funding, expense categories expected, and/or any restrictions. Examples of purpose include financial aid, academic program, research, student activities, etc. **New Funds will not be created without supporting documentation.** See Instructions on next page for more information.*

Requestor Information:

Requestor (**Print Name**): _____ (Signature): _____
 School/Center #: _____ Department: _____
 E-mail address: _____@_____ Telephone #: _____
 Development Officer to notify (if any): Name: _____ Email address: _____@_____

Approvals:

School/Center Senior Business Administrator:
 (**Print Name**): _____ (Signature): _____

Distributions: *Please list other School/Center staff to be notified of new fund number here:*

Instructions for the BEN Financials New Fund Request Form

Fund Name: This should be the fund name per the gift agreement or as donor states in equivalent documentation.

Fund Type: Select the fund type that matches what is stated in the fund agreement or equivalent donor documentation.

Responsible ORG: The Responsible ORG is the organizational unit that has fiduciary responsibility for all of the activity within the Fund. The organizational unit that has been designated the "Responsible ORG" for the Fund is authorized to view all combinations used with that Fund, regardless of the ORG Value.

ORG/PROGRAM/CREF: The Senior BA selects which codes best apply to the purpose of the fund.

Note: 0000 **should not** be used as the program code in BEN for reporting purposes; please select a code that matches fund purpose.

Indirect Cost Recovery (Overhead): Follow gift agreement or equivalent donor documentation to determine if ICR should be applied. A school can elect to not charge ICR even if a donor approves it. Generally, ICR is not applied to scholarships, fellowships, or purpose 'to be determined' funds.

Purpose of New Fund: Include a brief description of the New Fund – the purpose, sources of funding, expense categories expected, and/or any restrictions. Examples of purpose include financial aid, academic program, research, student activities, etc.

Note: Documentation supporting donor intent is required to establish a permanently restricted True Endowment Fund, a temporarily restricted Term Endowment Fund, a temporarily restricted Operating Term Gift Fund, a temporarily restricted Capital Project Gift Fund, an unrestricted Operating Gift Fund, and/or a donor-directed unrestricted Quasi-Endowment Fund.

Requestor Information: Please clearly print/sign all information requested here.

Approvals: It is the Senior Business Administrator's responsibility to compete and sign off on this form before sending to Trust Administration.

Distributions: Please list other School/Center staff to be notified of new fund number here.