AGENCY ACCOUNT REQUEST FORM AND GASB 84

Office of Financial Management
2200 Bonforte Blvd
Pueblo, CO 81001

In FY20, CSU Pueblo became subject to GASB 84 (Fiduciary Activities). GASB 84 impacts how the university records these accounts on our financial statements. Starting in FY20 some agency accounts could be classified as custodial accounts and be separately reported on our financial statements as a Fiduciary Fund. The following information will help to determine the most appropriate classification for potential and current fiduciary activities within the scope of GASB 84.

Contract/Agreement: *Please attach the contract/agreement/MOU related to this AGENCY Account request. The request will not be approved If there is no contract/agreement/MOU attached to or sent along with the request.*

Requesting Department: _____ **Department #:** _____

External Agency Name: _____

External Agency EIN (Employer Identification #): _____

Proposed Account Name: _____

Proposed Account #: _____ **Anticipated End Date:** _____

Form Completed by:

Name: _____ Title: _____

Email Address: _____ Phone #: _____ Date Prepared: _____

Justification - Briefly describe the activity and what group/person this account will benefit:

_____
_____
_____
_____

Funding - How will this money be received and how often will it be replenished? *Note: Funds should be received in advance of expenses being incurred. Permission from the Controller is required if the account is to be funded in arrears.*

_____
_____
_____

Use of Funds - Briefly describe what the funds can be used for based on the contract/agreement/MOU:

_____
_____
_____

FIDUCIARY ACCOUNT DETERMINATION QUESTIONS

1) **How long will the assets be held by the university?**

   Normally less than 3 months- _____
   Normally longer than 3 months- _____

2) **Is the funding for this account from the university's "own-source" revenues?** "Own-Source" revenues are generated by the university itself (such as tuition and fees), derived from tax revenues (such as sales and income tax) and imposed nonexchange revenues (such as property tax). Examples of funding sources not from the university's sources would include t-shirt sales for a student club, funds raised by a sorority, etc.

   Description of funding source: _____

   Yes - _____ (Activity is NOT a fiduciary fund - do not proceed.)
   No - _____ (Proceed to next question)

3) **Is the account administrated through a trust or an equivalent agreement in which the university itself is not a beneficiary, is legally protected and dedicated to providing benefits to recipients?**

   Yes - _____ (Activity is a fiduciary fund. Skip remaining questions and proceed to Approval section.)
   No - _____ (Proceed to next question)

4) **Are the assets in the account for the benefit of individuals, and the university does *NOT* have administrative involvement or direct financial involvement?**
   i. Examples of administrative involvement or direct financial involvement:
      - Does a university staff member monitor compliance with requirements of the activity?
      - Does a university staff member decide what are eligible expenditures?
      - Does a university staff member have the ability to exercise discretion on how funds are allocated?
      - Does the university provide matching resources?

   *Describe any of the above in which there is direct financial involvement by the university:
   _____
   _____
   _____

   Yes, there is NO direct financial involvement - _____ (Activity is a fiduciary fund. Skip remaining questions and proceed to Approval section.)
   No, there IS direct financial involvement - _____ (Proceed to next question)

5) **The assets are held for the benefit of outside organizations that are *NOT* part of the financial reporting entity. Are the assets held for a separate legal entity, such as a 501 (c) 3?**

   Yes - _____ (Activity is a fiduciary fund. Skip remaining questions and proceed to Approval section.)
   No - _____

APPROVALS

_____	_____	_____
Originator Signature	First & Last Name (Printed)	Date
_____	_____	_____
Fiscal Officer Signature	First & Last Name (Printed)	Date
_____	_____	_____
Dept. Head or Director Signature	First & Last Name (Printed)	Date

CONTROLLER USE ONLY:

Fiduciary Determination: Fiduciary/AGENCY Acct _____ Not a Fiduciary Account _____

(Note: Fiduciary means it will be in the AGENCY sub-fund as a 99xxxxx account.)

If determined it does not qualify to be a Fiduciary/AGENCY account, please provide the reason:

_____

_____

_____

_____	_____	_____
Controller Signature	First & Last Name (Printed)	Date