

Recognized Student Organization Foundation Account Application

Account Information

Account Title:

Purpose of Account: To establish an account for the recognized organization's foundation funds in order to collect donations from outside constituents that are subsequently tax deductible.

Source of Funds: The funds in the foundation account are from corporate, community and private donations, which do not use student activity fee funds as seed money or to purchase items later sold to raise money. The foundation's funds are also tax deductible.

Student Organization Contacts: (Insert name of CSU Faculty or Staff)

1. Name:

Address:

Telephone:

2. **Name: Brandi Davis, Business Manager for the Division of Student Affairs, Budget Office**
3. **Address: 2000 Clayton State Blvd., Morrow, GA 30260**
Telephone: (678) 466-5425

Approval:

Should you be issued a Clayton State University Foundation account, you will be provided an application which includes a signature card that designated persons are authorized to apply charges to or initiate withdrawals from the account. You should return the application and signature card to Carmelita Davis. You may contact Ms. Davis (678) 466-5440 should you have questions about the foundation account.

Account Subject to Closure:

Foundation account activity is subject to review annually. Clayton State University reserves the right to immediately close any account deemed inconsistent with University mission, goals, or objectives, or noncompliant with University, University System, State of Georgia, or United States regulatory policy or applicable law. Organizational contacts will be contacted by reasonable means to determine the disposition of account balance remaining at closure. Clayton State University reserves the right to recover any and all costs associated with account closure from account balance remaining at closure.

Affidavit:

I, the undersigned, certify under penalty of perjury, that the information provided above or included with this application is correct, and that I understand the provisions and restrictions set forth in this document, and that an agency account is maintained at the pleasure of the University, and that said account is subject to closure as is specified above.

(Insert CSU Faculty/Staff Signature)

Signature

Date

The Clayton State University Foundation

Signature Card

Account Title: _____
(Organization Name)

NOTE: All requests for charges against or disbursements from the above-identified account MUST be authorized by one of the undersigned. Funds on deposit in a foundation account are private and non-governmental. Clayton State University is fiscal agent only.

The following individuals are designated to authorize expenditures from the above-identified foundation account.

Primary

(Insert CSU Faculty or Staff Advisor Name)

Name (Printed or Typed)

Signature *Effective Date*

Secondary

Brandi Davis

Name (Printed or Typed)

Signature *Effective Date*