



The Stony Brook Foundation (SBF) is a not-for-profit corporation chartered under the New York State Education laws in 1965 and has 501(c)(3) tax status. SBF is the sole repository for philanthropic contributions from individuals, corporations, foundations and other organizations in support of activities and programs of Stony Brook University. Accounts must comply with SBF guidelines, policies and procedures. This form may be used to establish a new SBF account when no gift agreement or memorandum of use (MOU) is needed.

ACCOUNT TYPE

ACCOUNT TITLE

Limit to 40 characters or less

PURPOSE & DONOR RESTRICTIONS ON USE OF FUNDS

This should coincide with the purpose section of your gift agreement or MOU.

Should this account appear as an option on the giving page? Yes No

GIFT DOCUMENTATION

Select all that apply.

- Gift Agreement, MOU, Letter of Intent from Donor / Pledge Form, Grant Proposal / Application, Solicitation Letter, Other:

SOURCE OF FUNDS

Select all that apply.

- Contributions from Students, Faculty/Staff, Corporations, Other, Contributions from Individuals, Foundations, Crowdfunding or Giving Day

STATE PARENT ACCOUNT NUMBER

A state parent account number is required to issue an account number. Please consult your area vice president for guidance.

FOR SBF BUSINESS OFFICE USE ONLY

- Dept ID, Fund, Program Code, Class, School, Admin Fee, ERAS, Effective Date, Fund Unit Report, Dept Code, CAE Code, Function, Exception, SBAM Fund #



ACCOUNT MANAGEMENT

ACCOUNT DIRECTOR

By signing this form, the Account Director agrees to review, manage and expend funds according to the fund's purpose and donor intent as outlined in any gift documentation, as well as in compliance with all SBF policies and procedures.

Name: Employee ID:

Department: Campus Address:

Campus Email:

Signature Date

SIGNATORY DELEGATE

By signing this form, all Signatory Delegates agree to abide by all SBF policies and procedures as well as gift documentation that govern this account, based on this level of authority and access permitted to you by the Account Director.

A minimum of one additional signature is required for all accounts.

Name: Employee ID:

Campus Email:

Signature Date

ACCOUNT ASSISTANT

To update account access in ERAS.

By signing this form, all Account Assistants agree to abide by all SBF policies and procedures as well as gift documentation that govern this account, based on this level of authority and access permitted to you by the Account Director.

Name(s): Employee ID(s):

Campus Email(s):

REPORT RECIPIENT

To receive monthly accounting reports in SBU reporting.

By signing this form, all Report Recipients agree to abide by all SBF policies and procedures as well as gift documentation that govern this account, based on this level of authority and access permitted to you by the Account Director.

Name(s): Employee ID(s):

Campus Email(s):



APPROVALS

By signing this form, you are acknowledging that the intended use of this account is consistent with the mission of Stony Brook University.

DEPARTMENT CHAIR

Name:

Department:

Signature

Date

DEAN / SUPERVISOR

Name:

Department:

Signature

Date

AREA VICE PRESIDENT / PROVOST

Name:

Title:

Signature

Date

STONY BROOK FOUNDATION

Name:

Title:

Signature

Date