William & Mary Agency Fund Questionnaire

***Complete this form and return to:***

Sherry Joyner, Data Control Manager

Blow Hall, Room 115

Williamsburg, VA 23185

757-221-2835

sdberr@wm.edu

**Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **YES** | **NO** |
|  | Is this a 501(c)(3) organization? |  |  |
|  | If not a 501(c)(3) organization, please indicate your legal/corporate status: | | |
|  | What is the organization’s association with the University? | | |
|  | Indicate the organization’s federal ID number: | | |
|  | Does the organization have an independent audit of its financial statements? If so, please attach. | | |
|  | Indicate the reason(s) why an agency fund is being requested: | | |
|  | Describe the nature of the activity that will be processed through this account. Where does the funding come from? On what goods or services are those funds spent? | | |
|  | Does the organization act as a conduit through which funds are transferred to another organization(s) with little/no University involvement? If yes, please name the organization(s): | | |
|  | Does this activity involve grants awarded to the University? | **YES** | **NO** |
|  |  |
|  | Does the organization receive cash that must be disbursed to specific third parties according to the resource provider’s specifications? If the funds are not disbursed, must they be returned to the provider? |  |  |
| 11) | Do profits or losses in this account belong to the University? |  |  |
| 12) | Will the organization be selling tangible items from which revenue may be deposited into the agency fund. If yes, please describe all tangible items being sold. |  |  |

**Signatures:**

**Requesting Organization**

Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**University Representative**

Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_