

Sonoma State University

Delegation of Fiscal Authority & Trust Fund Agreement
Reference: EO 1000 | Education Code §89721 | CSU CFS DOA 360

Trust Fund Name: _____

Section 1 – Trust Fund Information

Purpose of Trust Fund:		
Trust Fund Restrictions:		
Expected Duration:	<input type="checkbox"/>	Indefinite End Date:
Disposition Upon Termination		Department:
Disposition Upon Termination		Division/College:

Part 2: Funding Sources (Check all that apply)

- Contributions/Donations
- Instructionally Related (IRA) Revenue
- Special Events (e.g. Workshop, Conferences)
- Allocations from the CO
- Program/Event Revenue

- Other Revenue (specify):

Part 3: Expense Type (Check all that apply)

- Salaries and Benefits
- Travel and Training
- Contractual Services
- Hospitality/Catering/Events
- Equipment $\geq \$5,000.00$ (Cap)
- Equipment $< \$5,000.00$ (Non-Cap)
- Scholarships/Student Support

- Other Operating Expenses (specify):

Section 4 – Authorized Signers (Trust Fund)

Authorized Signer	Title	Employee Digital Signature	Level: 3 or 4

Section 5 – Acknowledgment

By signing below, I acknowledge that I understand and accept the fiscal authority delegated to me in accordance with CSU Executive Order 1000 and Sonoma State University policy. I agree to comply with all relevant CSU and campus fiscal policies and procedures.

Role	Name	Signature	Date
Approving Authority:			

President, Vice President, Associate/Assistant Vice President, or Senior Director

Section 6 – Financial Services Review

Administrative Fee (%):		Authorization Reference:	EO1000 / Ed Code 89721
FNAT Key:		Companion Fund:	
Reviewed by:		Date:	

Section 7 – Delegation of Fiscal Authority (DOA Structure)

Level	Role/Title	Max Limit	Name:	Date
Level 1	A&F VP/President	\$5,000,001 & Above	See CFS DOA 360	1/1/2026
Level 2	Division Vice President	\$500,001 - \$5,000,000	See CFS DOA 360	1/1/2026
Level 3	Dean/AVP	\$100,001 - \$500,000	See Trust Fund Agreement	
Level 4	Director/Sr. Director/Other	Up to \$100,000	See Trust Fund Agreement	