

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: | 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 ≥ \$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 | |
| | | | | |

☐ Include this Fund in CFS Delegation of Fiscal Authority 360 Module