

## REQUEST FOR ESTABLISHMENT OF A BANNER CONTRACT & GRANT FUND

Section 1: TO BE COMPLETED BY THE DEPARTMENT REQUESTING THE FUND

**Department:** \_\_\_\_\_ **Organization:** \_\_\_\_\_  
(5-Digit Banner Org)

**Fund Title:** \_\_\_\_\_  
(Max 35 Characters)

**Source of Funds:** \_\_\_\_\_

**Grant Title:** \_\_\_\_\_

**Proposal No:** \_\_\_\_\_

**Retainage:** YES \_\_\_\_\_ NO \_\_\_\_\_

**BANNER Fund Access: Email required for each user**

	<b>Email</b>	<b>Email</b>
<b>Retainage Amt:</b> _____	_____	_____
<b>Retainage Percent:</b> _____	_____	_____

**Indirect Costs:**

**IDC Basis:** \_\_\_\_\_ **IDC Rate Code:** \_\_\_\_\_ **IDC Charge Acct Code:** IC4890 **IDC Distribute To Code:** \_\_\_\_\_

**APPROVALS (BUDGET AUTHORITY AND SENIOR OFFICER REQUIRED):**

BUDGET AUTHORITY (Responsible Person) FOR NEW FUND			
_____@uncw.edu <b>Budget Auth E-mail 1 (required)</b>	_____@uncw.edu <b>Alternate E-mail 2</b>	_____@uncw.edu <b>Alternate E-mail 3</b>	_____@uncw.edu <b>Grant Auth E-mail (required)</b>
P.I. Name (printed or typed) - View Access	Director of Sponsored Programs Signature	Date	

Section 2: TO BE COMPLETED ONLY BY THE ACCOUNTING OFFICE

<b>6-Digit Fund Number</b> _____	W COA	<b>Project Start Date</b> _____	21 Fund Type
<b>Program</b> _____		<b>Grant Number (if applicable)</b> _____	<b>Predecessor Fund</b> _____
<u>413170</u> Unbilled AR Account		<u>23</u> Revenue Account	Cash Receipt
<u>413190</u> Billed AR Account		Retainage Account	ACTG Rev. _____
<b>Attributes:</b>			
CFDA Reporting (CFDARPTG) _____		CFDA Number _____	
Federal Source (FEDSOURC) _____			
HR Conversion Number (HRCONV) _____			
Interest Allocation (INTERALL) _____	<b>N</b>		
NCAS Purpose Code (NCAS) _____			
Receipt Method (RECMETH) _____			
Responsible Person (RESPERS) _____	<b>RP0128</b>		
Revenue Source (REVSOURC) _____			
Budget Code (RPTCODE) _____	<b>T R U S T</b>		
Institutional Trust Fund Code (UDMRPTC) _____			
Indirect Costs (To Be Associated on FRMFUND) _____	Y/N		

Signature of Controller	Date
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