**Use of Banked Funds Request Form**

**Instructions:** Use this form to request the use of banked funds or accumulated fund balances to offset expected future deficits, smooth “lumpy” gift income, support one-time programmatic needs, provide start-up funds, fund entrepreneurial endeavors or help pay for capital projects. The use of banked funds or accumulated fund balances generally represents a “one-time” funding source. If this request is for an entrepreneurial or start-up program, you must submit a supporting business case along with this form that details the new program requirements, estimated costs of the new program, and a detailed plan and timeline for the program to generate sufficient revenue to become self-sustaining. The use of banked funds or accumulated fund balances for recurring expenditures without a corresponding plan for generating supporting revenues can lead to a fiscal cliff and missed financial targets. Please submit completed forms and all supporting documentation to your unit’s budget analyst or via email to the Budget Office at [budgetoffice@uchicago.edu](mailto:budgetoffice@uchicago.edu).

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| **Type of Request** | Select one or multiple items if applicable.  *For use of banked funds/restricted gifts and endowment balances to fund* ***Capital*** *project(s), please refer to Capital Budget process first,* [*https://budgetoffice.uchicago.edu/capital-budget/capital-project-budget-request-cpbr/*](https://budgetoffice.uchicago.edu/capital-budget/capital-project-budget-request-cpbr/) |
| **Request Year** | Select the Fiscal Year for when this request is expected to be funded. If the request is for multiple years, select “Other” and write down specific FYs. |
| **Requesting Unit** | Select the requesting unit from the drop-down list. |
| **Explanation for Use of Funds** | Describe how the funds will be used, i.e. offset expected future deficits, smooth “lumpy” gift income, support one-time programmatic needs, provide start-up funds, fund entrepreneurial endeavors or help pay for capital projects.  If this request is for an entrepreneurial or start-up program, the requesting unit must submit a supporting business case along with this form that details the new program requirements, estimated costs of the new program, and a detailed plan and timeline for the program to generate sufficient revenue to become self-sustaining. |
| **Type of Funds: Unrestricted Bank Balance** | For use of unrestricted bank balance. |
| **Destination Account (#-#####)** | For use of unrestricted bank balance to offset unit’s operating expenditures, please enter an Acct 6 number for the Budget Office to transfer funds from the Central budget by the end of the fiscal year. |
| **Total Amount of Unrestricted Request** | Provide the total amount requested for use of unrestricted bank balance. |
| **Type of Funds: Restricted Gifts and Endowment** | For use of accumulated fund balance, i.e. restricted gifts and endowment. |
| **Account (#-#####)** | List all restricted gift and/or endowment accounts that will be utilized for this request. |
| **Amount ($)** | List the amount of restricted balances to be utilized for the restricted account(s). |
| **Total Amount of Restricted Request** | Provide the total amount requested for use of restricted gifts and endowment. |
| **Total Amount of Request** | Total amount of both unrestricted and restricted requests. |
| **Exec-level Approval** | Approval signature from unit’s Dean/Vice President/Director. |
| **Budget Office Approval** | Approval signature from Budget Office Director. |

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| **Type of Request** | **One-Time**   **Entrepreneurial/Start-up**  **Capital**  **Other** | |
| **Request Year** | **Fiscal Year:** Choose an item. | |
| **Requesting Unit** | **Exec:** Choose an item. | |
| **Explanation for Use of Funds** |  | |
| **Type of Funds: Unrestricted Bank Balance**  If unrestricted bank balance is requested to offset expected operating deficits, please provide a Destination Account below for receiving transfer funds from the Central budget by the end of the fiscal year. | | |
| **Destination Account (#-#####)** |  | |
| **Total Amount of Unrestricted Request** | **$** | |
| **Type of Funds: Restricted Gifts and Endowment**  For Use of Accumulated Fund Balance (Restricted Gifts and Endowment), please list Fund Account(s) and Amount(s) to be utilized. If more accounts are to be utilized than the number of spaces provided, please attach a separate page with a complete listing of account numbers and amounts to be utilized to fund this request. | | |
| **Account (#-#####)** | **Amount ($)** | |
|  | **$** | |
|  | **$** | |
|  | **$** | |
| **Total Amount of Restricted Request** | **$** | |
| **Total Amount of Request** | **$** | |
| **Exec-level Approval** | **Name:** | **Date:** |
| **Budget Office Approval** | **Name:** | **Date:** |