

Route this form to: Accounting Services Attn: Terri Carlson 660 WBOB Building #: 7529 Fax: (612) 625-5298	U Wide Form: UM 1652 Rev: 1/1/08
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Agency Questionnaire

If you have questions about this form, contact Terri Carlson at: (612) 626-1235.

Name of the Organization:

		Yes	No
1	Is this a 501(c)(3) organization?	<input type="checkbox"/>	<input type="checkbox"/>
2	If not a 501(c)(3) organization, please indicate your legal/corporate status:		
3	Is this organization a recognized "associated organization" under University policies or in any way affiliated or associated with the University of Minnesota?	<input type="checkbox"/>	<input type="checkbox"/>
	If so, indicate the nature of the affiliation or association with the University:		
4	Indicate the organization's federal ID number:		
5	Indicate the reason(s) why an agency account is being requested:		
6	Describe the nature of the activity that will be processed through this account: <i>(Where does the funding come from and what are these funds spent for?)</i>		
7	Are you acting primarily as a conduit through which funds are transferred to another organization with little/no University involvement?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, name the organization:		
8	Are you functioning as an agent, trustee or intermediary on behalf of another organization?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, name the organization:		
9	Does this activity involve grants awarded to the University, which the University, in turn, allocates to third parties that it selects and/or monitors for compliance with the terms of the grant?	<input type="checkbox"/>	<input type="checkbox"/>
10	Do you receive cash that you <u>must</u> disburse to specific third parties that the resource provider specifies, or else return the cash to the provider?	<input type="checkbox"/>	<input type="checkbox"/>
11	Is cash deposited with you for safekeeping only, or only to be used or withdrawn by the depositor at will?	<input type="checkbox"/>	<input type="checkbox"/>
12	Do any profits or losses in this account belong to the University?	<input type="checkbox"/>	<input type="checkbox"/>

Agency Questionnaire

Name of the Organization:

<i>Signatures</i>		
_____	_____	_____
Requestor of the Agency Fund	Date	Phone #
_____	_____	
RRC Manager	Date	
_____	_____	
Accounting Services	Date	