



Request to Establish or Modify Funds

Please see pages 2-3 for instructions

Action	<input type="checkbox"/> New	<input type="checkbox"/> Modify	<input type="checkbox"/> Inactivate	Effective Date	
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Agency Name		Agency Number	
Name		Title	
Email Address		Phone Number	

Purpose of the Request	
Criteria Met (new funds only)	
Legal Authority (if applicable)	
Authorized to Retain Earnings	

Fund Number (4 digits)	
Fund Description (up to 30 characters)	
Fund Short Description (up to 10 characters)	
Similar Fund (optional)	

Fund Category (tree level)	
Fund Type (tree node)	
Capital Fund Attribute	
LLBC Fund Attribute	
Fund Balance Classification Attribute (if applicable)	

Signature		Date	
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Once completed and signed, email form to agency executive budget officer (EBO).

MMB Budget Use Only

Executive Budget Officer Signature		Date	
Email Address		Phone Number	

Once reviewed and signed, forward form to statewide accounting director.

MMB Statewide Accounting Use Only

Statewide Accounting Director Signature		Date	
Email Address		Phone Number	
General Accounting Signature		Date	
Email Address		Phone Number	

Once reviewed and signed, forward form to SWIFT Module Support.

MMB SWIFT Module Support Use Only

SWIFT Module Support Signature		Date	
Email Address		Phone Number	

Once setup and signed, reply to all with confirmation.

Instructions**Requester**

- 1) Action: select the check box for the type of action you are requesting. Select new to establish a new fund, modify to request a change to an existing fund, or inactivate to request the inactivation of a fund no longer in use.
- 2) Effective date: enter the date the action is to be effective as of. For new funds, the effective date should always be the first day of the fiscal year (07/01/yyyy).
- 3) Agency name: enter the name of the agency you work for.
- 4) Agency number: enter the SetID of the agency you work for. This should be in letter-number-number format (e.g., G10).
- 5) Name: enter your name. This is not considered a signature.
- 6) Title: enter your job title.
- 7) Email address: enter your state email address.
- 8) Phone number: enter your state phone number.
- 9) Purpose of request: explain the purpose of your request.
- 10) Criteria met: required for new funds only. Select the criteria met for establishing a new fund as defined in [MMB Statewide Operating Policy 0201-01](#). If other is selected, please add a comment to provide additional detail as to the qualifying criteria of the new fund as outlined in the policy.
- 11) Legal authority: if applicable, enter the specific legal citation authorizing the fund request. Enter additional information as necessary.
 - a. Minnesota statute citation order is chapter, section, subdivision/paragraph.
 - b. Minnesota session law citation order is year, chapter, article, section, subdivision.
- 12) Authorized to retain earnings: if the fund is legally authorized to retain invested treasurers cash (ITC) earnings based on policy [0107-01 Invested Treasurer's Cash](#), select yes. If it is not, select no.
- 13) Fund number: enter the four-digit fund number. For new funds, provide a suggested fund number.
- 14) Fund description: enter the fund name. For new funds, provide a name that describes the purpose of the fund (up to 30 characters).
- 15) Fund short description: enter the shortened version of the fund name (up to 10 characters).

- 16) Similar fund: this field is optional. To provide an example, enter the four-digit fund number of an existing fund with a similar purpose, fund category, and fund type.
- 17) Fund category: select the category (tree level) of the fund for financial reporting purposes. Fund categories are defined in [MMB Statewide Operating Policy 0201-01](#).
- 18) Fund type: select the subcategory (tree node) of the fund for a given category for financial reporting purposes. Fund types are defined in the same policy as fund category.
- 19) Capital fund attribute: select yes if the fund qualifies as a capital project fund or no if it does not.
- 20) LLBC fund attribute: select yes if the fund is a legally appropriated special revenue fund or no if it is not.
- 21) Fund balance classification attribute: if applicable (funds 1000-2999), select the fund balance classification based on GASB Statement 54 Fund Balance Reporting and Governmental Fund Type Definitions as defined in the [Appropriation Maintenance Application \(AMA\) Glossary](#).
- 22) Signature: sign and date the form and email to your agency's executive budget officer (EBO). A typed signature will constitute the intent to electronically sign the form per MS 325L.

MMB Budget

- 23) Executive budget officer signature: the agency EBO should enter their signature here once they have reviewed and approve the request and then forward to the statewide accounting director. A typed signature will constitute the intent to electronically sign the form per MS 325L.
 - a. Date: enter the date you signed the form.
 - b. Email address: enter your state email address.
 - c. Phone number: enter your state phone number.

MMB Statewide Accounting

- 24) Statewide accounting director signature: the statewide accounting director should enter their signature here once they have reviewed and approve the request and then forward to the appropriate individual in General Accounting. A typed signature will constitute the intent to electronically sign the form per MS 325L.
 - a. Date: enter the date you signed the form.
 - b. Email address: enter your state email address.
 - c. Phone number: enter your state phone number.
- 25) General accounting signature: the individual in General Accounting who reviews the request should enter their signature here once they approve and then forward to SWIFT Module Support. A typed signature will constitute the intent to electronically sign the form per MS 325L.
 - a. Date: enter the date you signed the form.
 - b. Email address: enter your state email address.
 - c. Phone number: enter your state phone number.

MMB SWIFT Module Support

- 26) SWIFT module support signature: the individual in SWIFT Module Support who processes the request should enter their signature here once complete and then reply to all on the circulated email with confirmation that setup is complete. **REMINDER** – be sure to add any noted attributes to the fund during setup. A typed signature will constitute the intent to electronically sign the form per MS 325L.
 - a. Date: enter the date you signed the form.
 - b. Email address: enter your state email address.
 - c. Phone number: enter your state phone number.