



Office of the New York City Comptroller
APPENDIX B - REQUEST TO ESTABLISH DESIGNATED FUND(S)

Requesting NYC Agency Name: _____ **Agency Code:** _____

Account Name: _____

Type of Fund (check one): Fiduciary Restricted
 Permanent Fund

Interest-Bearing: Yes No

Account Purpose (*):

Sources and Frequency of Revenue ():** _____

Estimated Initial Deposit Amount: _____ **Anticipated Date of Deposit:** _____

Expected Duration of Account (check one):
 Less than 1 year 1-5 years Greater than 5 years

Reasons why account should not be set up in the General Fund:

Account Contact:
Name _____ Title _____
Telephone _____ Email _____

This *Request to Establish Designated Fund(s)* Form is submitted with the understanding that, in order to fulfill the purpose for which the funds were provided, _____ is required to establish this account outside of budgetary appropriations. Once authorized, the funds will be administered and maintained in accordance with the purpose for which they were established and in compliance with all applicable laws and regulations, including the Office of the New York City Comptroller’s *Directive #27 –Requesting, Controlling, and Monitoring Designated Funds.*

Signature of Agency Head/Designee Name & Title Date

(*) If account is established based on new legislation or written agreement, please attach a copy for submission along with this request form.
(**)For example: State/Federal grant or private donor. One-time, daily, weekly, monthly, quarterly, annually, or unknown quantity of deposits.
Send this form via email to: DesignatedFunds@comptroller.nyc.gov