



**Office of the New York City Comptroller**  
APPENDIX D – INACTIVE DESIGNATED FUND REQUEST

NYC Agency Name: \_\_\_\_\_ Agency Code: \_\_\_\_\_

Account Name: \_\_\_\_\_

Type of Fund (check one):  Fiduciary  Restricted

Fund (e.g. 7 or 6 + Agency Code): \_\_\_\_\_ Sub-Fund: \_\_\_\_\_

Account Purpose:

\_\_\_\_\_  
\_\_\_\_\_

Sub-Fund Balance: \$ \_\_\_\_\_

If the Sub-Fund has a balance, please state how the funds will be disbursed to close the account with a zero balance (Describe the disposition of any remaining resources and any other pertinent information.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Anticipated Final Day of Transactions: \_\_\_\_\_

**We confirm that the remaining resources are no longer legally required to be held in a segregated account. The purposes for which the account was originally maintained are no longer required, and the account should be rendered inactive.**

\_\_\_\_\_  
Signature Agency Head/Designee

\_\_\_\_\_  
Name & Title

\_\_\_\_\_  
Date

NOTE: Attach a final reconciliation with this *Inactive Designated Fund Request Form*.

Send this form via email to: [DesignatedFunds@comptroller.nyc.gov](mailto:DesignatedFunds@comptroller.nyc.gov)