

NU Foundation Funds Online (NUFFO) Fund Authority Form

The Fund Authority Form is used to add, change or remove spending and viewing authorities of foundation funds. If you have questions, please contact the Funds Management Team at fundmanagement@nufoundation.org.

1. The form is a fillable PDF that can be completed electronically with a handwritten signature, scanned and returned by email to biographicalrecords@nufoundation.org.
2. The **applicant** is the person for whom fund access is being requested.
3. An **NU ID** is required for University employees to identify the applicant. The NU ID is an eight-digit number. For non-University employees, this field can be left blank.
4. Every fund has a person or position established as the **primary spending authority**, listed in the Fund Summary Memorandum on each fund detail record in NUFFO. In some cases, there are two separate primary spending authorities required. Please review the Fund Summary Memorandum to verify the person or position established as primary spending authority.
5. **Approver's Information:** The person holding primary spending authority may designate others with spending or viewing authority. Primary spending authorities may also designate a spending or viewing authority for specific individual funds under their authority.
 - a. The primary spending authority's approval is required for any duplicated spending or viewing authority.
 - b. When the primary spending authority is being replaced, the new primary spending authority's supervisor is the approver.
6. If a prior primary spending authority departs, the new primary spending authority has the option to carry forward or terminate any designated spending and viewing authority access granted by the former primary spending authority. To obtain a list of any users who have been granted designated spending or viewing authority to a specific primary spending authority, please contact fundmanagement@nufoundation.org.
7. Please allow up to two weeks for processing. Once access has been granted, you will receive an email with your login credentials.

This form is to add, change or remove fund authority access on foundation funds. Please complete this form, including all signatures, and email it to biographicalrecords@nufoundation.org. Please allow up to two weeks for processing. You will receive an email confirmation with instructions once the authority updates are completed. Direct questions to fundmanagement@nufoundation.org.

----- Applicant Information -----

Applicant Name (Person requesting authority): _____

Title: _____ NU ID: _____

Campus/College/Department: _____

Campus Telephone: _____ Campus Email: _____

Applicant's Signature: _____

----- Authority Request/Update -----

For the applicant listed above, please select the appropriate options in each section below:

Current User Status

- ☐ I am a **New User** and need access to NU Foundation Funds Online (NUFFO) and assigned authority to foundation funds.
- ☐ I am a **Current User and need to update my access** (all current authority will be maintained and updated as noted below).
- ☐ I am a **Current User and need to remove my access** (all current authority will be removed and updated as noted below).

Type of Access (Select all applicable options)

- ☐ Remove from all funds and terminate my NUFFO login
- ☐ Add as **Primary Spending Authority**, replacing the primary spending authority previously held by:

Name and former title of previous primary authority

- ☐ Please **transfer all designated authorities** assigned to former primary spending authority to my authority.
- ☐ Please **remove all designated authorities** assigned to former primary spending authority.
- Please contact Funds Management, fundmanagement@nufoundation.org, if you have questions about designated authorities.
- ☐ **Designated Spending Authority** granting access to sign for expenditures and view funds currently assigned to:
Primary spending authority's name and title: _____
- ☐ **Designated Viewing Authority** granting access to view all funds currently assigned to:
Primary spending authority's name and title: _____
- ☐ **Specific designated spending authority for selected funds** listed below (attach list if necessary).

----- Authorization -----

Authorized by (*primary spending authority's name): _____

*If this is a request to replace a primary spending authority, this would be authorized by the applicant's supervisor.

Title: _____ Campus Email: _____

Signature: _____ Date: _____