

## NEW FUND/DEPARTMENT or FUND/DEPARTMENT NAME CHANGE REQUEST

**Please type all information on this form**

DATE OF REQUEST Enter today's date		
PERSON REQUESTING Enter the name of person making this request		
DEPARTMENT REQUESTING Enter the name of the department making this request		
NEW FUND NAME Enter the name you would like this fund to be called		
BUDGETED FUND (check one) Indicate if this fund will be budgeted	Yes	No
IF FUND NAME IS BEING CHANGED, ENTER FUND NUMBER Enter the existing fund # of fund that is being changed		
IF FUND NAME IS BEING CHANGED, ENTER NEW NAME Enter the new name for the existing fund		
GRANT MONIES RECEIVED? Indicate if fund will receive grant money & complete next 2 steps	Yes	No
FEDERAL GRANT NUMBER Enter <i>federal grant</i> # & click on the link to fill out the <i>grant forms</i> : <a href="https://www.evansvillegov.org/egov/documents/1556112726_32955.pdf">https://www.evansvillegov.org/egov/documents/1556112726_32955.pdf</a>		
CFDA (Catalog of Federal Domestic Assistance) NUMBER Enter the CFDA number for Federal Grants		
STATE GRANT NUMBER If You Answered Yes To Grant Monies, enter the State Grant #		
SCM (Supplier Contract Module) NUMBER Enter the SCM number for State Grants		
NEW DEPARTMENT NAME Enter the name and the number will be assigned by Bookkeeping		
EXISTING FUND NUMBER & NAME FOR THIS DEPARTMENT Enter the number & name of the fund this department will be under		
ADD EXISTING DEPARTMENT NUMBER TO AN EXISTING FUND Enter the number & name of department to be added to above fund		
IF DEPARTMENT NAME IS BEING CHANGED Enter the existing department # and the new name		
SIGNATURE OF OFFICE HOLDER OR DEPARTMENT HEAD Sign in blank box on right		
EXPLANATION FOR NEW DEPARTMENT OR NAME CHANGE:		
PLEASE COMPLETE AND ATTACH THE <i>NEW OBJECT REQUEST</i> FORM FOR PAYROLL AND EXPENSE LINE ITEMS. CLICK ON THE LINK TO COMPLETE THE FORM: <a href="https://www.evansvillegov.org/egov/documents/1556112508_57995.pdf">https://www.evansvillegov.org/egov/documents/1556112508_57995.pdf</a>		
PLEASE SEND IN A COMPLETED <i>VANDEBURGH COUNTY AUTHORIZATION FORM</i> WITH THIS REQUEST. CLICK ON THE LINK BELOW TO COMPLETE THE FORM: <a href="https://www.evansvillegov.org/egov/apps/document/center.egov?view=item;id=1027">https://www.evansvillegov.org/egov/apps/document/center.egov?view=item;id=1027</a>		
<b>FOR ALL FUNDS CREATED BY THE COUNTY, THERE MUST BE AN ORDINANCE OR RESOLUTION BY THE COUNTY COUNCIL OR BOARD OF COUNTY COMMISSIONERS TO SUPPORT IT. PLEASE ATTACH A COPY OF THIS ORDINANCE. THIS DOES NOT APPLY TO FEDERAL, STATE OR LOCAL GRANTS.</b>		