

REQUEST TO ESTABLISH OR AMEND FEDERAL TRUST FUND ACCOUNT FORM

UNLESS EXCEPTED BY LAW, EXPENDITURES FROM THIS ACCOUNT ARE SUBJECT TO GENERAL STATE LAWS GOVERNING THE EXPENDITURE OF STATE FUNDS (SEE 1 OPS, CAL.ATTY.GEN. 90). THIS INCLUDES CONTRACT, PURCHASE AND CIVIL SERVICE REQUIREMENTS, BOARD OF CONTROL RULES, APPROVALS BY DEPARTMENT OF GENERAL SERVICES AND ATTORNEY GENERAL, ETC.

CLAIM SCHEDULE WILL SHOW APPROPRIATION AS GOVERNMENT CODE 16363 AND THE ACCOUNT TITLE.

UNDER THE PROVISIONS OF GOVERNMENT CODE SECTIONS 16360 - 16365, PLEASE ESTABLISH THE FOLLOWING FEDERAL TRUST FUND ACCOUNT						
1. TYPE OF ACTION: <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 45%;"> A. <input type="checkbox"/> NEW ACCOUNT </div> <div style="width: 45%;"> B. <input type="checkbox"/> CHANGE IN AMOUNT OF FUNDING FOR ACCOUNT _____ </div> </div>						
2. ACCOUNT TITLE (LIMIT 46 SPACES): _____ _____ _____						
3. SOURCE OF FEDERAL FUNDS: A. FEDERAL CATALOG NUMBER (FCN): _____ B. FEDERAL PROGRAM NAME (LIMIT 49 SPACES): _____ _____ C. FEDERAL DEPARTMENT (LIMIT 55 SPACES): _____ _____ D. ATTACH A COPY OF THE AWARD LETTER						
4. USE OF FEDERAL FUNDS: A. CHARACTER OF EXPENDITURES: <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="width: 30%;"> 1. <input type="checkbox"/> STATE OPERATIONS </div> <div style="width: 30%;"> 2. <input type="checkbox"/> LOCAL ASSISTANCE </div> <div style="width: 30%;"> 3. <input type="checkbox"/> CAPITAL OUTLAY </div> </div>						
B. EXPENDITURES AUTHORIZED BY INSTRUMENT: _____ _____				C. PERIOD OF AVAILABILITY: _____ _____		
D. DISPOSITION OF RESIDUE: _____ _____				E. CLEARINGHOUSE NUMBER: _____ _____		
5. STATE AUTHORIZATION FOR FUNDING: A. FINAL GOVERNOR'S BUDGET. OF FEDERAL FUNDS. FY _____ FEDERAL FUNDS REPORTED ON PAGE _____ LINE OF UPDATED SUPPLEMENTAL SCHEDULE						
B. SECTION 28 AUTHORIZATION DATE: _____		C. OTHER (CHAPTER/DATE): _____		D. AMOUNT OF STATE FUNDING: _____		
6. ACCOUNT REQUESTED BY: DEPARTMENT: _____ SIGNED: _____						DATE: _____ TITLE: _____
7. STATE CONTROLLER USE ONLY						
ACCOUNT ESTABLISHED			DATE _____			
FUND	AGY	FY	FED CAT	P/N	C	REV/OBJ
_____ BUREAU CHIEF STATE ACCOUNTING AND REPORTING DIVISION						

INSTRUCTIONS FOR COMPLETING AUD 10A: FEDERAL TRUST FUND ACCOUNT FORM

GENERAL INSTRUCTIONS: PLEASE COMPLETE ALL SECTIONS OF THE FORM EXCEPT FOR THE AREA LABELED "STATE CONTROLLER USE ONLY."

- [1] **Type of Action**
- A. New Account
 - B. Amend
- [2] **Account Title**
- Limit 46 spaces
- [3] **Source of Federal Funds**
- A. Federal Catalog Number (FCN) - Number can be found in the Catalog of Federal Domestic Assistance.
 - B. Federal Program Number - This is the program title in accordance with the Catalog of Federal Domestic Assistance.
 - C. Federal Department - This is the federal department issuing the grant.
 - D. Attach a copy of the award letter.
- [4] **Use of Federal Funds**
- A. Character of Expenditures - Choose one of the grant types: State Operations, Local Assistance, or Capital Outlay
 - B. Expenditures Authorized by Instrument - Include the uses of the funds.
 - C. Period of Availability - Include the beginning and ending dates; must be consistent with the grant award letter.
 - D. Disposition of Residue - Indicate where any remaining funds will be transferred after the account is closed.
- [5] **State Authorization for Funding**
- A. Final Governor's Budget.
 - B. Section 28 Authorization Date.
 - C. Other (Chapter/Date).
 - D. Amount of State Funding.
- [6] **Account Requested By**
- Completed by department.
- Sign and date.
- [7] **State Controller Use Only**
- Do not fill out boxes below this line. SCO will complete the account codes and sign the form upon establishment of the Federal Trust Fund.