

## ESTABLISH/UPDATE/INACTIVATE

## FUND REQUEST

OFFICE OF THE AUDITOR-CONTROLLER

SPM FORM
GL — 1
(POLICY #502)
Page 1 of 5
(Submit all pages)

	stablish	Update	Ina	ctivate		Ef	fective Date	e:		
Fu	ınd No.		Fund N	lame (30 cl	haracter	max)		Appropriation Level Dept ID No.		
Fund T	ype: Per the q	uestionnaire begii	nning on pa	ge 3, please ch	neck the bo	x to the left of	indicated Fund	Гуре		
(	General Fund	(subfund) GF		Enterprise F	und EF		Permane	ent Fund		
	Special Reven			Investment		ITF		Pension/OPEB Trust Fund		
	Capital Projec Debt Service F			Custodial Fund CF Inter Private Purpose Trust Fund			Internal	nal Service Fund ISF		
			r than tha				ımbar bara:			
ii tnis	is a sublun	d of a fund othe		uity Account	u, enter p	arent rung nu	Description	_		
Vaa	amal Classin	a Dulas.	Εq	uity Account			Description			
rea	r-end Closin	g Rules:								
	quested D	ent ID	Agency	/Departmen	t/Specia	al District Na	ame	Special District		
Ke	questeu D	ept. 1D	Agency	Departmen	п эрест	ii District No	ame	Special District		
		Chartfield Reque	estor Print	Name		Phone	e/Mail Stop #	Date		
To E	stablish a	a Fund								
(2)	policy, Forr  I Special Di PURPOSE Explain th	n 11 stating the in ndicate what fu stricts: Indicate	nterest dire nd should what fur ne request	ction) per Gov get the inter nd should get	rest:	est:		tion (e.g., Govt. Code, county  Attach documentation with		
(3)	SOLIDCE OF	F DEPOSITS								
(3)		6 Property Taxe	S		%	State				
		6 Other Taxes	3		%	Federal				
		6 Licenses & Per			%		current services			
		<ul><li>6 Fines, Forfeitu</li><li>6 Revenue From</li></ul>			%	Other (Expla	in)			
(4)		MENT TARGET	I USE OF AS:	sets						
(+)		6 Accounts Paya	able (cash r	navable to 3 <sup>rd</sup> r	party)	%	Due to other a	overnments (DTOG)		
	9	6 Due to other f 6 Other (Explain	unds (DTO	-	· • <b>J</b> /					
(5)		ent vouchers (ot		efunds or de	posits) be	processed tl	nrough this fu	nd?		
• •		attach justification		No		_	<b>J</b>			
(6)	Will payrol Yes		yes, subm	it a Form 11	to the Bo	ard of Superv	risors to amen	d Salary Ordinance es.		

	M FORM GL-1	Page 2 of Establish/Update/Inactivate <b>Fund Reques</b> OFFICE OF THE AUDITOR-CONTROLLI	ST
(7)	Will this fun	d receive property tax apportionments?  Yes No	
(8)	Department	responsible for accounting, fund reconciliation and control over fund assets:	
	Approp	priation Dept ID Department/Agency/Special District Name	
(9)	Will there be	e a need for a cash advance, temporary loan or any other borrowing?	
	Yes	No If yes, how much?	
		ood by the responsible organization listed above that deficits in cash are to be avoided, and that the will resolve any deficits through borrowing or other means and will communicate any potential cash deficit information to the Auditor-Controller and the Treasure-Tax Collector.	
(10)	Will this fund	d have a budget establish annually Yes No	
(11)	Estimated clo	osure date of the fund:	
		<del></del>	
Lind	lating a Fun		
Орс	iating a run		
(1)		ourpose for the request. Explain the areas of the fund that will be updated and the reasoning. orting documentation with applicable section(s) highlighted).	
			_
			_
Ina	ctivating a	Fund	
(1)	Have all hala	nce sheet balances been cleared to zero?  Yes  No (If no, contact the agency to clear all balance	)c)
(1)	nave all bala	Journal ID# recorded to clear balances:	5).
(2)	Danasa fau f		
(2)	Reason for fu	und closure (Indicate authorization (e.g., Code, Form 11):	
(3)	Are property	tax distributions posted to this fund?  Yes No	
• •		e organization continue to earn property tax revenue? Yes No	
	If yes, where	should the property tax distribution be sent?	
(4)	Indicate the	fund to which the final interest should be posted:	
	OR, indicate	the address to which the final interest should be mailed:	
	Name	Phone #	
	Address		
Den	artment Ap	provals	

Date

Department Head/Special District Director Signature / Printed Name

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ESTABLISH/UPDATE/INACTIVATE **FUND REQUEST**OFFICE OF THE AUDITOR-CONTROLLER
(Submit all pages)

400 Ammunula					
ACO A	Approvals				
[	Approved	Denied			
Prin	ncipal or Supervising Acco	untant, General Accounting Division, Signatur	e / Printed Name Date		
Chie	ef Accountant, General Ac	ccounting Division, Office of the Auditor-Contro	oller Date		
Distri	<b>bution</b> – By Accounting	g Records in the Auditor-Controller's Office	Date Distributed:		
Establish		Update	Inactivate		
	D (Original) dget Trees	A/C - GAD (Original)	Treasurer - Tax Collector (For Interest Apportionment)		
To esta	blish a new fund, ple	ease answer the following:			
(1)	Yes No	<u> </u>	ental activities (primarily supported by taxes, o to question #2. If no, go to questions # 12.		
(2)	Yes No	Is the fund used to account for the acquiryes, go to question #3. If no, go to question	sition or construction of major capital facilities? If stion #5.		
(3)	Yes No		ital project fund? If yes, this fund should be top here and submit the request. If no, go to		
(4)	Yes No		using a capital project fund? If yes, this fund t <b>Fund</b> . Stop here and submit the request.		
(5)	Yes No	Is the fund used for the payment of gene accumulation)? If yes, to question #6.			
(6)	Yes No	•	ervice fund? If yes, this fund should be classified as and submit the request. If no, go to question #7.		
(7)	Yes No	Does the debt require accumulation of pr no, go to question #12.	incipal and interest? If yes, go to question # 8. If		
(8)	Yes No		ss of a full year's principal & interest payments? If ebt Service Fund (DSF). Stop here and submit		
(9)	Yes No	government or imposed by governing boo	ific revenue sources that are legally (outside dy) restricted to expenditures for specified If no, this fund should be classified as a <b>General</b> the <b>request</b> .		
(10)	Yes No		e, restricted? If yes, this fund should be classified p here and submit the request. If no, go to		
(11)	Yes No	government program(s)? If yes, this fun	intact & only earnings used for restricted discount of should be classified as <b>Permanent Fund Type</b> If no, this fund should be classified as a <b>General</b> the request.		
(12)	Yes No	Is the fund used to account for County be part, by user fees/charges? If yes go to	usiness-type activities and is supported, at least in #13, if no go to #14.		
(13)	Yes No	departments, agencies and component u	imarily provided to the County (employees, funds, nits or other governments)? If yes, this fund ice Fund Type (ISF). Stop here and submit the		

	M F GL -	ORM 1		Establish/Update/Inactivate <b>F</b> U	IND R	EQUEST	Page 4 of 5 CHECKLIST
(14)	) [	Yes	No	Are fees charged to external users for goods or services? classified as an <b>Enterprise Fund Type</b> (EF). Stop here to question #15.			
(15)	) [	Yes	No	Are the assets held by a legally separate entity? If yes, g to question #17.	go to qu	estion #16.	If no, go
(16)	) [	Yes	No	Are the assets for pension arrangements or OPEB arrange Chart of Accounts for further assistance. If no, go to que Department Use Only)			
(17)	) [	Yes	No No	Are the assets held in <u>trust</u> and the government itself is providing benefits to recipients and legally protected from If yes, the activity would be reported in a <b>Fiduciary Fun</b> continue on questions #19.	n the cr	editors of th	e government?
(18)	) [	Yes	No	Are the assets external portions of the investment pool?  Investment Trust Fund. For other purposes, this would Purpose Trust Fund.			
(20)	Yes No Are the assets for the benefit of individuals and the government itself does not have administrative involvement or direct financial involvement? If yes, the activity would be reported in a <b>Custodial Fund</b> . If no, go to question #20.						ty would be not part of the ial Fund. If no,
				question #1.			
То			<b>າd</b> - To be Co ⊺	mpleted by the Auditor-Controller's Office			
	(Cir	cle One)					
No.	Add	Inactive		DESCRIPTION	<b>√</b>	Initials	Date
1				Chart of Accounts			
	A	I	Review GL-1	for completeness			
	A		Assign Cash	Attribute	-		
	A		Fund Pool	%			
	A	I	Hadata and T	rintout crosswalk for approval process			
1b	A	I		thorization Completed			
10	A	_	Setup Fund i	•			
	A	I	-	blish Fund as Active/Inactive			
	A	-		to Trees			
	A		1	to Combination Group			
_		_					
1c	A	I	Communicat	e Changes			
COMM	MENTS	:					
COMM	MENTS	:					
	BUDG	ET Checkii	ng Tolerance	s to Apply: Percentages Amount			ibutes
Wher	n Encu	mbrance F	ceeds Pre-end	umbrance: <b>15% 500</b>		ash Type: Interest:	
				mbrance (Inv): 15% 500	—		

If using 11a on checklist, enter Account Code string here:

15%

500

Standard Practice Manual – Form GL-1 Fund Request

When Expenditure Exceeds Encumbrance:

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<b>✓</b>	Fund Types	Equity Account to Which Revenues & Expenditures Close To							
	GOVERNMENTAL								
	General Fund	1							
	Sub-any Fund	2, 3, 4							
	Flood General Fund	1							
	Special Revenue								
	Transportation	2, 3, 4, 5							
	CARES Act Coronavirus Relief	2, 3, 4, 5							
	Community Services	2, 3, 4, 5							
	Other Special Revenue	2, 3, 4, 5							
	Perris Cemetery District	2, 3, 4, 5							
	Air Quality Improvement Fund	2, 3, 4, 5							
	County Service Areas	2, 3, 4, 5							
	Flood Control	2, 3, 4, 5							
	Regional Park & Open-Space								
	Distr.	2, 3, 4, 5							
	Capital Projects								
	Public Facilities Improvements	2, 3, 4, 5							
	CORAL	2, 3, 4, 5							
	Correctional Facilities	2, 3, 4, 5							
	District Court Project	2, 3, 4, 5							
	Public Finance Authority	2, 3, 4, 5							
	Flood Control	2, 3, 4, 5							
	Regional Park & Open-Space								
	Distr.	2, 3, 4, 5							
	Inland Empire Tobacco	2, 3, 4, 5							
	Emergency Services								
	Communication	2, 3, 4, 5							
	Capitalized Software	2, 3, 4, 5							
	Infrastructure Financing Authority	2, 3, 4, 5							
	Debt Service								
	Pension Obligation Bonds	2, 3, 5							
	CORAL	2, 3, 5							
	Teeter	2, 3, 5							
	Desert Facilities Corp	2, 3, 5							
	District Court Project	2, 3, 5							
	Inland Empire Tobacco	2, 3, 5							
	Public Finance Authority	2, 3, 5							
	Infrastructure Financing Authority	2, 3, 5							
	Flood Control	2, 3, 5							
	Permanent Funds	4, 5							
1	I .	1							

✓	Fund Types	Equity Account to Which Revenues & Expenditures Close To
	PROPRIETARY	
	Enterprise	
	Riverside University Health System	6
	Federally Qualified Health Clinics	6
	Waste Management	6
	County Service Areas	6
	Housing Authority	6
	Flood Control	6
	Aviation	6
	Internal Service	6
	Fleet Services	6
	Information Technology	6
	Central Mail	6
	Supply Services	6
	Risk Management	6
	Human Resources	6
	TAP (Temporary Assistance Pool)	6
	Human Resources	6
	Flood Control Equipment	6
	FIDUCIARY	
	Pension/OPEB Trust	Net Position
	Investment Trust	Net Position
	Private-Purpose Trust	Net Position
	Custodial	Net Position
	External Investment Pool	Net Position
	Property Tax Collection	Net Position
	Payroll Deductions	Net Position
	Other	Net Position
	1	1

## Key:

- 1. UAFB = Unassigned Fund Balance
- 2. AFB = Assigned Fund Balance 3. CFB = Committed Fund Balance 4. NFB = Nonspendable Fund Balance
- 5. RFB = Restricted Fund Balance
- 6. NA = Net Assets