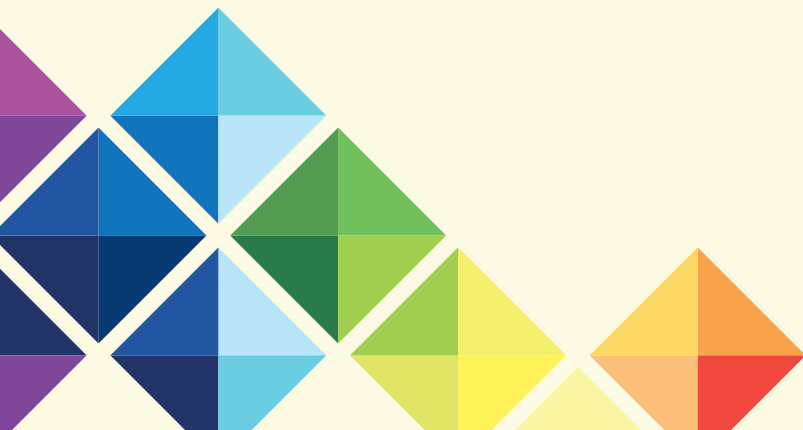


FINANCIAL FACTS

MARCH 2020



In This Month's Issue ...

- *IDT/ICT Form Change*
- *Access to Superion Grant Reports System*
- *How to Complete the Foundation Request for Account Change Form*



IDT / ICT Form Change

The Foundation has developed an Inter-Company Transaction (ICT) form that can be used to transfer funds from a Philanthropic project to a Foundation project, as well as from a Foundation to a Foundation project (IDT). This form will replace the IDT form, used when transferring from a Foundation to another Foundation project, but will also be used when transfers need to be made between The Foundation and the Philanthropic Foundation.

Click below for the form.

[ICT / IDT Form](#)

Access to Superion Grant Reports System

Foundation Financial Services has a web-based financial system called Superion, formerly OneSolution, where you can have access to your grant and contract reports at any time. The weblink for this system is as follows <https://onesolution.fdn.cpp.edu/Production/>. The weblink can also be found on our website at <https://foundation.cpp.edu/financial/> under One Solution v18 Login.

A copy of the user manual can be found on our website under Training Guides at <http://www.foundation.cpp.edu/grants-contracts/>.

As a reminder, your user name is the first nine characters of your email address before the @cpp.edu.

If your password to Superion does not work, please email Kenton Tse at kltse@cpp.edu and he will reset it for you. Keep in mind that if you do not use this system in a three month period, your password will expire and need to be reset.



How to Complete the Foundation Request for Account Change Form

The Foundation requires the Request for Account Change form be submitted to the Foundation Internal Manager responsible for the College or Division when the changes listed below are requested:

- Change of Authorized Signers
- Change of Account Name
- Closing the Account
- Access to View Accounts activity

Each section of the form is explained below and categorized by a Number and Letter combination, which corresponds to specific fields on the form.

Please see the attached example for further clarification.

WHAT

What account number(s) requires revision? – *1A (see attached example)*

- List the account(s) on the first page of the form. If there isn't enough space to list all the accounts, attach a listing of the accounts to the form.

What type of change(s) is requested? – *1B (see attached example)*

- Change of Authorized Signers
- Change of Account Name
- Closing the Account
- Access to View Accounts activity

What is the Signature Card? – *2A (see attached example)*

- The signature card is attached to the user's credentials in OneSolution and may be reviewed by Foundation Financial Services if a signature on a form is questioned.



WHO

Who is being Added or Removed as Viewer or Authorized Signer? – 1C & 1D (*see attached example*)

- List the name and email address of the Viewer or Authorized Signer to add or remove from the account(s).
- When adding a person who is taking over someone's position, list the name and email address of the person who is leaving under the Remove Authorized Viewers/Signers section.
- When adding a person who is NOT taking over someone's position, please indicate this under the Remove Authorized Viewer or Signer section – "NOT TAKING OVER A CURRENT POSITION."
- When removing a person list the name and email address of the Viewer or Authorized Signer under the Remove Authorized Viewer or Signer section.

Who needs to sign the first page of the form? – 1E (*see attached example*)

- The Dean of the college or the VP of the Division should sign the bottom of the first page of the form marked as **Signature Authorization Area**

Who needs to sign the signature card? (second page of the form) – 2A (*see attached example*)

- If an Authorized signer is added to the account, that person must sign the signature card.

WHY

Why does this form need to be completed, signed and returned to the Foundation?

- Foundation needs authorized verification of account changes to update account records
- OneSolution credentials are created with the information provided on the form.

Ensure the items on the Checklist below are complete prior to forwarding to the Foundation for processing.

- ✓ Account number and account name – 1A
- ✓ Type of Change is marked – 1B
- ✓ Name and email of viewer or signer – 1C & 1D
- ✓ Dean or VP's signature on first page of form – 1E
- ✓ Signature card – if adding an authorized signer – 2A



CAL POLY POMONA FOUNDATION, INC.

Request for Account Change

Contact Person / Phone # _____

Date Requested _____

This form is to be used to change authorized signer, account title and or to close an account.
All changes require the approval of the Dean or VP level.

☐ Change Authorized Signers

☐ Change Account Name

☐ Close Account

☐ Report Access

ACCOUNT NUMBER

ACCOUNT NAME

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

To Add Authorized Viewers:

To Remove Authorized Viewers:

1. _____
2. _____
3. _____

E-mail Address:

E-mail Address:

1. _____
2. _____

E-mail Address:

E-mail Address:

To Add Authorized Signers:

To Remove Authorized Signers:

SIGNATURE AUTHORIZATION AREA

The Authorized Signer agrees to comply with any and all Cal Poly Pomona Foundation policies and procedures (as amended from time to time) as they apply to the project covered by this agreement. Please complete URPA signature card if you have not previously completed one for the same college, department and or division.

TYPED NAME/TITLE

SIGNATURE

1. _____
2. _____
3. _____

1. _____
2. _____
3. _____

Approved by Dean or VP level

College / Division

Please return this completed form to your internal manager in Foundation Financial Services Bldg 55.

FOR FOUNDATION ACCOUNTING USE ONLY

INPUT CHECKLIST

PART 7 _____ Internal Mgr _____
GLUPKY _____
PEUPPE _____
INPUT BY _____ Date _____

Please complete the following signature card. If you have previously completed and the college, department and or division has not changed please do not complete.



**CAL POLY POMONA FOUNDATION, INC.
UNIVERSITY RELATED PROJECT AGREEMENT SIGNATURE CARD**

Date: _____

Signature: _____

Email Address: _____

Print Name: _____

Print Title: _____

College: _____

Department: _____

Division: _____

Please return this completed form to your internal manager in Foundation Financial Services Bldg 55.

FOUNDATION ACCOUNTING USE ONLY

PART 7 _____ Internal Mgr _____
GLUPKY _____ PEUPPE _____
INPUT BY _____ DATE _____



2020

MARCH

SUNDAY

1

MONDAY

2

TUESDAY

3

WEDNESDAY

4

THURSDAY

5

12

11

10

9

8

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