|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| A red and white logo  Description automatically generated with low confidence | | | | | | | | | | **ChartField Maintenance - Fund** | | | | | | | | | | | | | | | |
| *\*Denotes a required field.* | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*Business Unit *(5 digits)*: | | | | |  | | | | | | | | Requesting Agency: | | | | | |  | | | | | | |
| Requester: | | |  | | | | | | | | | | | | | | | | Date: | | |  | | | |
| Email Address: | | |  | | | | | | | | | | | | | | | | Phone: | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Action Requested** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Add New Value^ | | | | | |  | Update Existing Value^ | | | | | | | | |  | Inactivate Existing Value | | | | | | | |
| *^ - The ACFR Fund Checklist (page 3 of this form) must be completed when requesting a new Fund value or requesting an update that impacts the ACFR classification.* | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Account Information** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| SetID: | | STATE | | \*Fund: | | | | |  | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*Effective Date: | | |  | | | | | | | | | | | | | \*Status: | | | |  | Active | | |  | Inactive |
| *(an initial date of 01/01/1901 is required for new funds)* | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*Description *(limit to 30 characters)*: | | | | | | | | | | |  | | | | | | | | | | | | | | |
| \*Short Description *(limit to 10 characters)*: | | | | | | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Budgetary Only *(check box if the Fund is only used on budget transactions)* | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Attributes** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*Attribute | | | | | | Attribute Value | | | | | | | | \*Attribute | | | | | | | | | Attribute Value | | |
| \*\*ACFR FD CLASS | | | | | |  | | | | | | | | \*\*MCI CLASS | | | | | | | | |  | | |
| \*\*ACFR FUND GROUP | | | | | |  | | | | | | | | ARRA Fund | | | | | | | | |  | | |
| \*\*ACFR FUND TYPE | | | | | |  | | | | | | | | INTEREST | | | | | | | | |  | | |
| \*\*DOA FUND | | | | | |  | | | | | | | | #DOA PROJECT | | | | | | | | |  | | |
| *\*\*Required attribute, # - VDOT specific* | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Long Description** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Long Description *(use to further describe the fund’s purpose/use and provide Code of Virginia cites)*: | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | | | |
| **Trees** *(review and update, if necessary)* | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | FUND\_APPROP\_LEVEL | | | | | | |  | #FUND\_COMBO\_EDIT | | | | | |
|  | FUND\_ACFR | | | | | | |  | #FUND\_DASHBOARD | | | | | |
|  | FUND\_ACFR\_GW | | | | | | |  | ^DEPT\_15100 | | | | | |
|  | FUNDS\_FOR\_BU | | | | | | |  |  | | | | | |
| *# - VDOT specific, ^ - DOA specific* | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **Combination Edit** *(review rules listed and update, if necessary)* | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | ASSETACTFD | | | |  | #COST\_FUND | | | |  | ^INVDEPTFD | | | |
| *# - VDOT specific, ^ - DOA specific* | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **Payment Cash Checking** *(update if necessary)* | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | Fund is exempt from control. | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **CARS-Cardinal Crosswalk** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Field Name: | | Fund | |  | | | | | | | | | | |
| Field Value: | | N/A | | | | | Field Name 1: | | | | | N/A | | |
| CARS Value: | |  | | | | | \*Cardinal Value: | | | | |  | | |
|  | | | | | | | | | | | | | | |
| **For Processor Use Only** | | | | | | | | | | | | | | |
| Entered By: | | |  | | | | | | | | | | Date: |  |
| Approved By: | | |  | | | | | | | | | | Date: |  |

**Fund Attributes and Attribute Values**

**ARRA** – Used to identify ARRA funds

Values: YES

**^^ACFR FD CLASS** – Used to identify the funds’ ACFR Fund Class (DOA Financial Reporting).

Values: 100 General, 105 Sp Revenue-Other, 110 Sp Revenue-Transportation, 150 Debt Service, 165 Permanent Fds-Health Research Bd, 357 Internal Service Fds-Payroll Svc Bureau, 358 Internal Service-Enterprise Apps, 610 Fixed Assets

**^^ACFR FUND GROUP** – Used to identify the fund’s ACFR Fund Group (DOA Financial Reporting).

Values: GENERAL, SPECIAL REVENUE, DEBT SERVICE, INTERNAL SERVICE, PERMANENT, GENERAL FIXED ASSETS

**^^ACFR FUND TYPE** – Used to identify the fund’s ACFR Fund Type (DOA Financial Reporting).

Values: GOVERNMENTAL, PROPRIETARY

**DOA FUND** – Used for the CARS Interface to map to the CARS Fund Detail.

Values: Enter the 4 digit CARS Fund Detail (must be established as a valid Attribute Value before using)

**DOA PROJECT** – Used for the CARS Interface to map to the VDOT Project for identifying special revenue and debt service activity recorded in the same fund.

Values: Enter the 5 digit CARS Project number (must be established as a valid Attribute Value before using)

**INTEREST** – Used to identify if the fund is eligible to earn interest on cash balances.

Values: YES

**^^MCI CLASS** – Used to identify the fund’s MCI Class for the MCI Report (DOA Financial Reporting).

Values: General, Restricted, Unrestricted, None, Stimulus

^^ - Additional attributes will be set up as Cardinal expands to additional agencies

**ACFR Fund Checklist**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Agency Number: | | |  | | | | | |
| Agency Name: | | |  | | | | | |
|  | | | | | | | | |
| Fund Number: | | |  | | | | | |
| Fund Name: | | |  | *(To be completed by DOA)* | | | | |
|  | | | | | | | | |
| Contact Name: | | |  | | | | | |
| Phone Number: | | |  | | | | | |
| Email: | | |  | | | | | |
|  | | | | | | | | |
| Purpose: | | Provide information to DOA for the purpose of classifying new funds in Cardinal. | | | | | | |
|  | | | | | | | | |
| 1. Is there language establishing the fund in the *Constitution*, *Code of Virginia*, or Appropriation Act? If so, please provide the reference below. | | | | | Yes |  | No |  |
|  | | | | | | | | |
|  | | | | | | | | |
|  | 1a. Is the fund restricted in the legislation for a specified use (or legislative intent exists?). If yes, please explain below. | | | | Yes |  | No |  |
|  | | | | | | | | |
|  |  | | | | | | | |
|  | 1b. Is there a third party restriction on the fund? | | | | Yes |  | No |  |
|  | *For purposes of this question, a third party restriction represents a situation where the Commonwealth is holding resources that belong to a party external to the Commonwealth in a custodial capacity or pursuant to contractual provisions. If yes, please explain below.* | | | | | | | |
|  |  | | | | | | | |
| 2. Currently, what are the sources of inflow into the fund? Ex. General Fund, external source, other? | | | | | | | | |
|  | | | | | | | | |
|  | 2a. Are the sources of inflow into the fund expected to change in the foreseeable future? If yes, explain below. | | | | Yes |  | No |  |
|  | | | | | | | | |
|  |  | | | | | | | |
| 3. Please provide a brief explanation of the purpose of this fund. Include any important details, such as supporting a specific program or specific activities/operations. | | | | | | | | |
|  | | | | | | | | |
| 4. Does this fund consist of any federal monies? | | | | | Yes |  | No |  |