

**SPECIAL PURPOSE INVESTMENT ACCOUNT  
NEW ACCOUNT REQUEST – STATE AGENCY**

Agency Name:  
Agency Address:  
City, State, Zip:  
Contact Person:  
Contact Phone Number:

1. Is this Agency currently a participant in the Special Purpose Investment Account?

If yes, please complete items a. through c. below:

- a. Please supply the entity ID (the first 4 numbers of your SPIA account number).
- b. Will the Authorized Personnel be the same as the existing account(s)?
- c. Will the Wire Instructions be the same as an existing account?
  - i. If yes, please supply SPIA account number.

2. Are the services described in this request associated with a contract?

If yes, please complete items a. and b. below:

- a. Please provide the contract name and number.
- b. Is this a new or existing contract?

3. Name or title for the Proposed New Account:

4. Describe the need / purpose for the SPIA Account and how the State will benefit.

5. Explain why your needs cannot be met via normal FLAIR operational processes (ACH, warrant, clearing account, revolving account).

6. Will the funds going into the SPIA account be from FLAIR?

a. If No, what is the funding source?

7. Describe the cash flow process including frequency and estimated dollar amount of transfers.

8. Which account will receive funds disbursed from this SPIA?

9. Please provide the statutory authority to invest the funds that will be deposited into this SPIA.

10. Will this SPIA involve Federal funds?

11. How will the earnings on this account be used?

Date:  
Name:  
Title:  
Email Address: