

**Memorandum of Understanding (MOU) – Custodian**  
UW–Madison | Focus Blue Reloadable Debit Cards

Custodian name:

NR:

Focus Blue account number:

Department ID:

Project ID:

**Custodian Responsibilities**

**A. Overall**

- A1. I, the Custodian, am a UW–Madison employee.
- A2. I, the Custodian, am not a Coordinator and/or Reconciler on this account and/or any other Focus Blue account for which the same Coordinator or Reconciler are acting in the same capacity as for this account.
- A3. I will ensure there are a minimum of two (2) and maximum of four (4) authorized Coordinators. If extraordinary circumstances exist requiring more than four Coordinators, I will work with my Business Office and Cash Management.
- A4. I will ensure no conflict of interest and no related parties between Custodian, Coordinators, and Reconciler and that the Custodian, Coordinators, and Reconciler are UW–Madison employees.
- A5. I will notify the Department, Dean’s Office, and Accounting Services Cash Management when there is a change in Custodian, Coordinators, and/or Reconciler and prepare applicable Custodian Fund forms per the Custodian Funds Policy and Procedures.
- A6. I will monitor account activity, ensure replenishments are requested, request changes to Coordinators and/or Reconcilers.
- A7. I will stay current with all required training related to Custodian responsibilities to ensure compliance with related University procedural requirements.
- A8. I will review and follow the Custodian Funds Policy and Procedures for Focus Blue reloadable debit card accounts.

**B. Responsibilities with Focus Blue Reloadable Debit Card Account**

- B1. Ensure all forms to establish and maintain this Focus Blue account are completed per the Custodian Funds Policy and Procedures.
- B2. Establish practices for the Coordinator to log and track all payments made, reloadable debit card stock inventory, and ensure reloadable debit card stock is stored in a secure location.
- B3. Monitor to ensure all payments of \$250 or more are completed through the Payment to Individual Report (PIR) process with Accounts Payable and supported with a completed and signed W-9 form.
- B4. Monitor to ensure tax reporting is completed for participant payments of \$600 or more in a calendar year.
- B5. Ensure all payments are made out directly to the appropriate recipient in accordance with the purposes of the account.
- B6. Ensure individual payment amount limits for this account are followed.
- B7. Ensure payments are not issued to parties with a conflict of interest, such as related family members or affiliated organizations.
- B8. Monitor the US Bank Prepaid Administrative website on a regular periodic basis, dependent on account activity. This should be, at a minimum, monthly.
- B9. Monitor to ensure the bank account is not overdrawn. Accounting Services Cash Management also monitors bank account overdraws which may result in closing of the bank account.
- B10. Ensure participants are provided with the US Bank Focus Card Pre-Acquisition Disclosure and Fee Schedule.

**C. Replenishment Responsibilities/Oversight**

- C1. Monitor to ensure replenishments are based on payments made.
- C2. Monitor to ensure replenishment of accounts are done every 90 days or sooner, based on activity.

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- C3. Submit justification for continued use of the bank account if no payments are made for 90 days; send details to your units' Business Office and to Cash Management.
- C4. Provide justification to your units' Business Office and to Cash Management if there has been no activity for 6 months, otherwise the bank account could be closed.

D. Compliance with Policies

- D1. FERPA, HIPAA, IRB, and all other UW–Madison policies are followed.
- D2. Ensure all activity, documents, and bank reconciliations are maintained and stored in a central, secure location according to the UW General Records Schedule ([https://cms.library.wisc.edu/archives/wp-content/uploads/sites/21/2016/11/Fiscal\\_Accounting\\_UWS2012-11-2016.pdf](https://cms.library.wisc.edu/archives/wp-content/uploads/sites/21/2016/11/Fiscal_Accounting_UWS2012-11-2016.pdf)).
- D3. The research study has an Institutional Review Board (IRB) Number or self-certification paperwork showing that no IRB approval or certification is necessary.

Signing below means you agree to the following statement:

**I understand not following these procedures will result in the loss of account privileges.**

	Printed Name	Signature	Signature Date
Custodian			
Department Chairperson / Project Director			
Dean / Director			