

SELF SUPPORT PROGRAM/ACTIVITY APPLICATION

SEND ORIGINAL FORM WITH ORIGINAL SIGNATURES TO: ELLA WATTS, FINANCIAL SERVICES

Program Name/ Title:	_____	Today's Date:	_____
Name of Requestor:	_____	Phone Extension:	_____
Department:	_____		
Email Address:	_____		
Contact Person for Budget Issues:	_____	Phone Extension:	_____
Who should have report access:	_____		

Mission/Purpose of the Program (Attach any applicable brochure):

Who is your customer base? _____

Will this program be permanent? Yes No

If not, indicate estimated time period _____

Individual Responsible for the Program: _____

Department and Division: _____

BUSINESS/ FINANCIAL PLAN INFORMATION:

Revenue/Fund Source

Indicate all sources of revenue:

How will revenue be collected? Cash Checks Credit Cards

Will you be billing? Yes No

Should a new FUND be created for this program? Yes No

Should this program use existing FUND? FUND#: _____

Expenses

Indicate anticipated general expenses:

Payroll

Will the department have payroll? Yes No

Regular Contractual Student Help

Separation of Duties

Indicate the name and position of the staff that will be responsible for

- Billing: _____
- Collecting, preparing & depositing revenue: _____
- Reconciling/ monitoring the account: _____

FOR OFFICE USE

Department Number Issued: _____ Issued By: _____ Date: _____

Fund: _____

Hiring Department: _____

Division: _____ Subdivision: _____ School: _____

Program: _____ Subprogram: _____

**TOWSON UNIVERSITY BUSINESS PLAN
 SELF SUPPORT PROGRAM / ACTIVITY OR AGENCY APPLICATIONS**

ACCOUNT

**REQUESTED
 BUDGET LOAD**

REVENUE

Account Name:	Account number:	
Account Name:	Account number:	
Account Name:	Account number:	
Transfers IN	499908	
Transfers OUT	499908	
1% Fund Balance Contribution	499918	

NET REVENUE		
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EXPENSES

Object 01 Salaries & Benefits

Ex.: Regular Overtime

501605

Account Name:	Account number:	
Account Name:	Account number:	
Account Name:	Account number:	
Account Name:	Account number:	

Object 02 Contingent Salary & Fringe

Ex.: Student Help

502601

Account Name:	Account number:	
Account Name:	Account number:	
Account Name:	Account number:	
Account Name:	Account number:	
Account Name:	Account number:	
Account Name:	Account number:	

Object 03 Communications

Ex.: Postage

603003

Account Name:	Account number:	
Account Name:	Account number:	
Account Name:	Account number:	

Object 04-14 Operating

Ex.: Housekeeping

608106

Account Name:	Account number:	
Account Name:	Account number:	
Account Name:	Account number:	
Account Name:	Account number:	
Account Name:	Account number:	
Account Name:	Account number:	
Account Name:	Account number:	
Account Name:	Account number:	
6% IDC Charge	699999	
TOTAL EXPENSES		

Budgeted Profit/(Loss)		
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Acknowledgement and Approval Information:

By completing and signing this self-support program/activity application, we understand that there is a need to strive to serve and enrich the TU campus and surrounding communities and to become financially self-sufficient. Self Support programs/activities are expected to be self-funding and to generate sufficient revenue to pay all expenses. Programs and/or activities are expected to have a net surplus at the end of the fiscal period. In the event of a revenue shortfall, it is understood that the sponsoring department, college and/or division will be responsible for supplementing program revenue to cover outstanding expenses. Programs/activities not meeting financial expectations are subject to review and possible termination at the discretion of the Divisional Budget Officer.

This application must be reviewed, discussed and approved by your Department Head/Chair, Dean and your Divisional Budget Officer prior to submitting to the University Budget Office.

Signature of Requestor: _____

Approval and Signature of Department Head/Chair: _____

Approval and Signature of Dean: _____

Approval and Signature of Divisional Budget Officer: _____

Approval and Signature of University Budget Office: _____