

# SELF SUPPORT PROGRAM/ACTIVITY APPLICATION

## GENERAL INFORMATION:

Program Name/ Account Title:	_____
Today's Date:	_____
Name of Requestor:	_____
Department:	_____
Email Address:	_____
Phone Extension:	_____
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
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: Old _____	New _____	
Division: _____	Subdivision: _____	
Program: _____	Subprogram: _____	

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

	ACCOUNT	REQUESTED BUDGET LOAD
<b>Revenue:</b>		
Account Name:	Account number:	
Account Name:	Account number:	
Account Name:	Account number:	
Transfers IN	499908	
Transfers OUT	499908	
1% Fund Balance Contr	499918	
<b>NET Revenue</b>		
<b>Expenses:</b>		
<b>Obj 01 Salaries &amp; Benefits</b>		
Ex: Regular Overtime	501605	
Account Name:	Account number:	
Account Name:	Account number:	
Account Name:	Account number:	
Account Name:	Account number:	
<b>Obj 02 Contingent Salary &amp; Fringe</b>		
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:	
<b>Object 03 Communications</b>		
Ex: Postage	603003	
Account Name:	Account number:	
Account Name:	Account number:	
Account Name:	Account number:	
<b>Object 04 - 14 Operating</b>		
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:	
Account Name:	Account number:	
6% IDC Charge	699999	
<b>Total Expenses</b>		
<b>Budgeted Profit/(Loss)</b>		

**Acknowledgement and Approval Info:**

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: \_\_\_\_\_