

SELF SUPPORT PROGRAM/ACTIVITY APPLICATION

SEND ORIGINAL FORM WITH ORIGINAL SIGNATURES TO: AL LAGOS, 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 <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> Checks <input type="checkbox"/> Credit Cards <input type="checkbox"/> Will you be billing? Yes <input type="checkbox"/> No <input type="checkbox"/> Should a new FUND be created for this program? <input type="checkbox"/> Yes <input type="checkbox"/> No Should this program use existing FUND? FUND#: _____
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Expenses Indicate anticipated general expenses:
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Payroll Will the department have payroll? Yes <input type="checkbox"/> No <input type="checkbox"/> Regular <input type="checkbox"/> Contractual <input type="checkbox"/> Student Help <input type="checkbox"/>
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Separation of Duties Indicate the name and position of the staff that will be responsible for <ul style="list-style-type: none">• 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:	
6.5% 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:**