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|  | Sales and Services Activity Questionnaire |
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| **Requesting Department:** |  | Date: |
| **Recommended Fund Title:** |  |
| **Check-off Revenue Sources Associated with This New Fund:** |
|[x]  **Sales: University, Public, or Both** |  |
|  |[x]  Sales of Items to the Public such as Bookstores or Gift shops: | *Describe:* |  |
|  |[ ]  Merchandising Operations | *Describe:* |  |
|  |[ ]  Other: *Such as books, works of art, or publications, etc.* | *Describe:* |  |
|  |[ ]  Catering and Food Service sales to the Public | *Describe:* |  |
|[ ]  **Services:** |  |
|  |[ ]  A service provided to the University: | *Describe:* |  |
|  |[ ]  A service provided to the University & the Public: | *Describe:* |  |
|  |[ ]  A service provided to the Public: | *Describe:* |  |
|[ ]  **Advertising/Sponsorship:** | *Describe:* |  |
|[ ]  **Rental/Leasing – Facilities:** |  |
|  |[ ]  Dormitory Rentals to the Public: | *Describe:* |  |
|  |[ ]  Athletic Facilities use for non-University events and Recreational Facilities by the Public: | *Describe:* |  |
|  |[ ]  Other University Facilities or Grounds rentals: | *Describe:* |  |
|[ ]  **Entertainment Events:** | *Describe:* |  |
|[ ]  **Participation or ownership in a partnership or****Joint venture with a non-University entity** | *Describe:* |  |
|[ ]  **Other Sales and Services Provided to the Public** | *Describe:* |  |
|[ ]  **Other Activities that are not directly related to the tax-exempt purposes of the University (Education, Research, and Public Service)** |
| *Describe:* |
| **Revenue Source Allocation** |
| **Estimated Annual Receipts:** | **On-Campus Sources (check if applicable)** | **Off-Campus Sources (check if applicable)** |
| **$ Yr. 1** |  |[x]  **Charges to Students, Faculty, or Staff** |[ ]  **Charges to Alumni** |
| **$ Yr. 2** |  |[ ]  **Charges to State Appropriation Funds** |[ ]  **Charges to Other Universities** |
| **$ Yr. 3** |  |[ ]  **Student Activity Programs** |[ ]  **Charges to General Public** |
| **$ After** |  |[ ]  **Charges to Student or Institutional Auxiliaries/Services** |[ ]  **Charges to Governmental Entities** |
| **Source Allocation:** |[ ]  **Other Contracts/Agreements to Outside Entities** |[ ]  **Charges to Not-For-Profit Entities** |
| **% From On-Campus Sources:**  |  |[ ]  **Agency / Funds Held for Others**  |[ ]  **Charges to For-Profit Organizations** |
| **% From Off-Campus Sources:** |  |[ ]  **Foundation Operating, Gift or Endowment Spending** |[ ]  **Other** |
| **Frequency of Activity (Daily, Weekly, Monthly or Occasionally):** |[ ]  **University Unrestricted/ Restricted Gifts or Endowment Spending** |  |  |
|  |[ ]  **Charges to Departments/ Divisions** |  |  |
| ***Will This Activity be in Competition with Private Local Businesses?*** |[x]  **Yes** |[x]  **No** |
| ***Intent of Revenue Generation:*** |[ ]  **Cover Expenses** |[ ]  **Earn a Profit Over Expenses** |
| **Use of University Resources to Support the Sales/Services Activity:** |
| **List all University employees (faculty and staff) whose efforts directly benefit this activity that are paid from other funds, the estimated time that the employee will spend toward the activity, and the fund paying the employee’s time and effort:** |
| **Employee Name:** | **Title:** | **% of Time:** | **Paid From Fund:** |
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| **If equipment, supplies, travel reimbursements or other direct operating expenses will be provided by other funds for this new fund’s expenses, please list the funds, types of expenses, and estimated amounts:** |
|  |
| **Explain how the funds incurring these expenses will be reimbursed and the frequency of those reimbursements:** |
|  |
| **Will this activity be related to research?** |[x]  **Yes** |[x]  **No** |
|  |
| **Prepared By:** |  | **Date:** |
| **Print Name:** |  |
| **Reviewed By:** |   | **Date:** |
| **Print Name:** |  |