

Policy 340 (Sales and Service Activities and Service Enterprises: Recharge Rates, User Fees and Budgets) is the policy that governs the construction, implementation and management of sales and service funds. Please refer to this policy for applicable guidelines. The policy is available in UCLA Policy and Procedures manual as well as the Office of Academic Planning and Budget's website, "www.apb.ucla.edu", then click on Sales and Service. **UPDATED: APRIL 27, 2005**

DATE: _____

TO: Staff to the Policy Committee on Sales and Service Activities and Enterprises (POSSSE), c/o Office of Academic Planning and Budget

RE: **NEW/REVISED ACCOUNT/FUND APPLICATION AND BUDGET SUMMARY FOR SALES AND SERVICE ACTIVITIES AND SERVICE ENTERPRISES**

Instructions: For revised applications, complete the following lines:

FUND #: _____

REVISED TO: _____
(e.g., to "add products/services" or to "include outside customers")

NOTE: The spaces provided below do not necessarily indicate the desired length of the answer. If more space is needed, see instructions at Question #10 on the use of Continuation Pages and Attachments.

Proposed Title for Sales Fund Activity: _____

Campus Department/Unit: _____

Faculty Member Who Accepts Responsibility for This Activity:

Name: _____ Title: _____

Resident Sales Expert: (check with the CFO of your Org for the RSE in your area)

Name: _____ Phone: _____

5. INCOME and/or EXPENSE FROM OTHER FUNDS:

a) If the good or service is currently being offered from another account/fund prior to this new fund being established/approved, provide:

(a) the account/fund number(s) where the income is being recorded:

(b) the account/fund number(s) where the expenses are being reported:

b) Subsidies: Are all costs of providing the goods and/or services included in your calculations and in the BUDGET SUMMARY? If not, what account/fund(s) are to be charged with the other costs and what are these other costs annually? (if multiple subsidies, list each subsidy individually)

c) Federal contract or grants: If the Activity is funded or subsidized in any way by a Federal contract or grant, or if the Activity pays any costs of a Federal contract or grant, identify the particular Federal contract or grant and explain the nature of the association including limitations, if any, on the use of the revenue produced.

[Also complete the subsidy line in Question #7 and the Budget Summary in Question #8 on page 6, under "Receipts", enter the amount of subsidy on the "Sub 09: Subsidy" line].

7. List the categories of users of the good or service with estimated dollar volume for each (e.g., Federal contracts and grants, hospital departments, non-University organizations, campus departments)

(if Continuation Pages are needed, use Attachment 4)

OUTSIDE USERS (by cash or check):

Students:..... \$

Private Companies [Name(s)]

Other [Specify] \$

RECHARGES:

UCLA Campus depts [by fund #/depts/schools] \$

Federal contracts/grants [by fund #/dept] \$

Hospital departments [by dept] \$

Other UC Campuses [Name(s)] \$

Other [Specify] \$

SUBSIDY [by fund #/dept/school] \$

_____ \$ _____

Total [equals Total Receipts in Question #8 - Budget Summary – Page 6] \$

8. BUDGET SUMMARY

Fund Title: _____

*Account Number/Cost Center/Fund: _____

*Include cost center only if account has cost centers; fund number only if application is for a revision of an existing fund.

Please provide annual projections of receipts and expenditures below:

		FY 07/01/____ - 06/30/____		
		UNSUBSIDIZED		TOTAL
		BUDGET	SUBSIDY	BUDGET
Receipts				
Income (outside users)				0
Sub 9: Recharges to UCLA depts.				0
Sub 9: Recharges to other UC Campuses				0
Sub 9: Subsidy				0
Total Receipts		\$0	\$0	\$0
Expenditures to be Covered by Receipts				
Salaries and Wages: Academic	Sub 00			0
Salaries and Wages: Staff/Career	Sub 01			0
Salaries and Wages: Casual	Sub 02			0
Employee Benefits	Sub 06			0
Materials	Sub 03			0
Office Supplies	Sub 03			0
Depreciation (if applicable)	Sub 03			0
Equipment	Sub 04			0
	Sub			0
	Sub			0
Total Expenditures		\$0	\$0	\$0
Estimated Year-End Inventory				
(Enter as a Negative #; offset is to Sub 03)		0	0	0
Net Expenditure		\$0	\$0	\$0
Surplus/(Deficit) for Year (must be zero)		0	0	0

NOTE: ERROR indicates Receipts do not equal Expenditures. Each column must be ZERO without ERROR code

9. APPROVALS

Responsible Faculty Member Signature: _____ Date _____

(Note: Required for all new applications; only this signature is required for revisions unless Office Academic Planning and Budget notifies otherwise.)

Department Chair Signature: _____ Date _____

Dean/Director/Division Head Signature: _____ Date _____

Vice Chancellor/Provost Signature: _____ Date _____

POSSSE Committee Chair Signature: _____ Date _____

10. ATTACHMENTS: (Check if applicable)

- Equipment List (Refer to Question 3) – Attachment 1
- Inventory List (Refer to Question 4) – Attachment 2
- Rate Worksheets (Refer to Question 6) – Attachment 3
- User (Customer) List (Refer to Question 7) – Attachment 4
- Multi-Year Plan, if needed (Refer to Question 8) – Attachment 5
Multi-year plans are required to breakeven within 2-3 years unless an exception is granted.
- Other Continuation Pages (if needed) – Attachment 6, etc.
(Number any additional Attachments and reference the Question number in each.)