

STUDENT SERVICE FEE REQUEST FOR 2018-2019

FISCAL YEAR 2019

Name of Unit: Cougars in Recovery

Dept#: H0004

	FY 2017	FY 2017	FY 2018	FY 2018	FY 2019
Funding Sources	Approved Budget 2016-2017	Actuals 2016-2017	Approved Budget 2017-2018	Projected Actuals for 2017-2018	Budget Request for 2018-2019
Student Service Fees- Base Budget	64,314	64,314	73,584	73,584	81,124
SSF Merit/Salary Increase		9,270		7,540	
Student Service Fees Base Augmentation Request					
Student Service Fees One-Time Request					
Student Service Fees One-Time Additional Request				Enter Add'l One time	
SSF One Time Fund Equity Rollover					
CFWD from Prior Year (Open Commitments)		0			
Creation of Business Services Program					
Income From All Other Sources					
State Funding (Fund 1)					
Designated (Fund 2)					
Designated (Fund 2)/Sales&Services E&G					
Sales & Services Income (Fund 3)		-			
Programs/Events Income (Fund 3)					
Facility Rental Income (Fund 3)		-			
Gifts/Donations (Fund 4)	95,000	67,748	100,000	100,000	100,000
Grants (Fund 5)					
Fund Balance		83,796			
Other Income (itemize below)					
Dedicated Fees-Base Budget-Student Center		0			
Dedicated Fees-Base Budget-SC Transformation		0			
Dedicated Fees-Base Budget Recreation Facility		-			
Subtotal of Income	159,314	225,128	173,584	181,124	181,124
Deductions from Income					
Student Fee Waivers-SC		-			
Student Fee Waivers- SC Transformation		-			
Student Fee Waivers- Recreation		-			
Bad Debt		-			
Subtotal of Deductions from Income	0	0	0	0	0
TOTAL INCOME	159,314	225,128	173,584	181,124	181,124

FY17 Fund 3049 Equity returned to Reserve

Initials Dept. Head 
 Initials Completed by G.S.
 Initials Certifying Signatory K.B.

Expenses	Approved Budget 2016-2017	Actuals 2016-2017	Approved Budget 2017-2018	Projected Actuals for 2017-2018	Budget Request for 2018-2019
Salaries and Wages					
Exempt Category Employee Salaries	85,855	70,249	54,000	54,000	54,000
Non-Exempt Employee Wages		15,576	34,753	34,753	34,753
Student Workers Wages (NCWS)		-	10,000	10,000	10,000
Student Workers Wages (Graduate Students)		-			
Other Temporary Workers Wages		-			
Longevity	240	260	600	600	600
Graduate Insurance Stipend		-			
Shift Differential Wages		-			
Overtime Wages		-			
Salaries and Wages Total	86,095	86,085	99,353	99,353	99,353

Fringe Benefits	Fringe Benefits Total	27,769	32,500	32,112	35,100	35,078
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Other Expenses					
Advertising		-	5,000	5,000	1,000
Awards		-			
Business Meals	5,000	9,831			5,000
Clinical/Lab Supplies		-			
Competition Fees		-			
Computer/Hw/Sw Supplies/Repairs		-			
Construction/Renovation		-			
Consulting Services		-			
Cost Of Goods Sold		-			
Facilities Work Orders	100	152	100	100	100
Financial/Legal		-			
Office/General Supplies	6,300	9,964	5,319	5,319	9,000
Other Expense		-			
Parts/Furniture		-			
Printing/Postal/Freight	700	871	600	600	500
Professional Development	1,550	4,443	2,600	2,600	2,000
Programs/Events	10,000	12,774	11,000	11,000	10,000
Prospective/New Employee		-			
Rental/Lease	800	758	3,000	3,000	1,000
Repairs/Maintenance		-			
Scholarships/Stipends		6,500	5,000	9,552	6,500
Security Services		-			
Services		-			
Student Leadership Stipend		-			
Teaching Food		-			
Teaching Supplies		-			
Telecom Services/Supplies	100	-			200
Temporary Staffing		-			
Travel	100	32	5,000	5,000	2,000
Travel/Guest		-			
Travel/Student	17,000	18,221			5,000
Uniforms		-			
Utilities		-			
Other Itemized					
Projects-Furniture & Equipment CAPITAL		-			
Projects-Construction (equity transfer)		-			
Debt Service		-			
Deferred Maintenance		-			
Transformation - CIP		-			
Admin Charge (6% of Total Expense)	3,800	4,173	4,500	4,500	4,393
Bad Debt Expense		-			
Other Expenses Total	45,450	67,719	42,119	46,671	46,693

TOTAL EXPENSE	159,314	186,304	173,584	181,124	181,124
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BALANCE (Income less Expenses)	0	38,824	0	0	(0)
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Initials Dept. Head	<u>PS</u>
Initials Completed by	<u>G.S.</u>
Initials Certifying Signatory	<u>KB.</u>

APPROVALS:

To the best of my knowledge this report is accurate and reflects the unit's priorities. The figures provided have been checked and verified.
(print names & UH affiliation next to all signatures.)

Signature of Department Head: _____

Title: _____

Date: _____

Other AVP Required Signatures/Dates _____

Form Completed By: _____

Certifying Signature & Date: _____

8/18/2017