

STUDENT SERVICE FEE REQUEST FOR 2019-2020

FISCAL YEAR 2020

Name of Unit: Homecoming
 Dept#: H0224

	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020
Funding Sources	Approved Budget 2017-2018	Actuals 2017- 2018	Approved Budget 2018-2019	Projected Actuals for 2018-2019	Budget Request for 2019-2020
Student Service Fees- Base Budget	70,879	70,879	70,879	70,879	70,879
SSF Merit/Salary Increase					
Student Service Fees Base Augmentation Request					
Student Service Fees One-Time Request	31,226	31,226	14,049	14,049	38,687
Student Service Fees One-Time Additional Request					
SSF One Time Fund Equity Rollover					
CFWD from Prior Year (Open Commitments)				17	
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)	0	-			
Grants (Fund 5)		-			
Fund Balance					
Other Income (itemize below)					
Dedicated Fees-Base Budget-Student Center		-			
Dedicated Fees-Base Budget-SC Transformation		-			
Dedicated Fees-Base Budget Recreation Facility		-			
Subtotal of Income	102,105	102,105	84,928	84,945	109,566
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
TOTAL INCOME	102,105	102,105	84,928	84,945	109,566

	FY 2018 Approved Budget 2017-2018	FY 2018 Actuals 2017- 2018	FY 2019 Approved Budget 2018-2019	FY 2019 Projected Actuals for 2018-2019	FY 2020 Budget Request for 2019-2020
Expenses					
Salaries and Wages					
Exempt Category Employee Salaries		-			
Non-Exempt Employee Wages		-			
Student Workers Wages (NCWS)		-			
Student Workers Wages (Graduate Students)		-			
Other Temporary Workers Wages		-			
Longevity		-			
Graduate Insurance Stipend		-			
Shift Differential Wages		-			
Overtime Wages		-			
Salaries and Wages Total	0	-	0	0	0

Fringe Benefits	Fringe Benefits Total				
		-			

Other Expenses					
Advertising	5,000	-	0	0	
Awards	750	-	750	750	750
Business Meals		-			
Clinical/Lab Supplies		-			
Competition Fees		-			
Computer/Hw/Sw Supplies/Repairs		-			
Construction/Renovation		-			
Consulting Services		-			
Cost Of Goods Sold		-			
Facilities Work Orders		958	6,000	6,000	0
Financial/Legal	470	39	0	0	0
Office/General Supplies		33	250	250	250
Other Expense		-			
Parts/Furniture		-			
Printing/Postal/Freight	5,600	1,707	12,000	12,000	2,000
Professional Development		-	1,000	1,000	1,000
Programs/Events	49,749	70,903	28,390	28,390	73,014
Prospective/New Employee		-			
Rental/Lease	2,500	1,695	2,129	2,146	1,700
Repairs/Maintenance		-			
Scholarships/Stipends		-			
Security Services		-	700	700	
Services	2,000	29			
Student Leadership Stipend	24,494	20,518	24,494	24,494	22,000
Teaching Food		-			
Teaching Supplies		-			
Telecom Services/Supplies	312	312	2,108	2,108	350
Temporary Staffing		-			
Travel		-			
Travel/Guest		-			
Travel/Student		-	1,300	1,300	1,300
Uniforms	5,373	-	1,000	1,000	1,000
Utilities		-			
Other Itemized					
Projects-Furniture & Equipment CAPITAL		-			
Projects-Construction (equity transfer)		-			
Debt Service		-			
Deferred Maintenance / Reserve		-			
Transformation - CIP		-			
Admin Charge (6% of Total Expense)	5,857	5,772	4,807	4,807	6,202
Bad Debt Expense		-			

Other Expenses Total **102,105** **101,966** **84,928** **84,946** **109,566**

TOTAL EXPENSE **102,105** **101,966** **84,928** **84,946** **109,566**

BALANCE (Income less Expenses) **0** **139** **(0)** **(0)** **0**

SFAC Only - FY2018 Recap

	FY 2018	FY 2018	FY 2018	FY 2018	FY 2018
	Base Budget 2017-2018	Final Budget 2017-2018	Actual Expenses + Commitments 2017-2018	Approved Equity Carryforward	Funds to be Returned to Reserve
Salary/Wage/Fringe	-	-	-		0
Maintenance&Operations/Travel	70,879	102,105	101,983		122
Utilities	-	-	-		0
Fund Transfers for Maintenance					0
SFAC Totals	70,879	102,105	101,983	0	122

Funds to be Returned to Reserve	122
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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: _____

Handwritten: J. J. Powell
CSI, 10/17/18

Handwritten: [Signature] 10/18

Handwritten: Gil Litalde
Gil Litalde 10.18.18