



DO NOT USE THIS FORM IF THE ACTIVITY WILL CHARGE GRANTS OR EXCEEDS \$25k/YR IN REVENUE

EZ-IE BASIC REVENUE ACTIVITY PROPOSAL FORM

Submit to Financial Analysis & Budgeting. Projected calculation on determining rate to be charged must accompany proposal in **EXCEL** format. Contact FAB at 6-3244 with questions.

ACTIVITY TITLE _____ Manager _____

Activity Description

Source of Revenue (describe) _____

Primary Purpose of Activity: Instruction Outreach Student Services Other (describe): _____

Areas to be Billed (%): ___ Gen Fund ___ Inc/Exp ___ Students ___ Outside Users Other: _____

Clients Served (%): ___ UVM Students ___ UVM Faculty/Staff ___ General Public

Activity is: Recurring Temporary or One-time

Department _____ Date _____

Responsible Chartstring

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A Basic Revenue Activity may not generate >\$25,000 per fiscal year in revenue and must meet BOTH of the following criteria:

- No Grants Charged No Depreciable Equipment

Check the applicable boxes above and provide the **ESTIMATED ANNUAL REVENUE:** _____

Tax Liability: There are no sales or rental of tangible items, to external users or otherwise, therefore salaries tax is not required to be collected. Unrelated business income tax (UBIT) does not apply because the conduct of the activity substantially contributes to the University's educational, research and public service mission. **Agree:**

University Risk: Does the activity engage in practices that may place the University at greater than average level of risk? Examples of risk can include, but are not limited to, working with hazardous materials, minors, transportation, contracts.

- No Risks Associated with Activity Yes, Risks Apply to the Activity (describe in detail in Additional Comments)

How will this activity benefit UVM and the larger community?

Additional Comments

If cash is received, indicate by checking the provided box that you have read and agree to apply the Cash Receipt, Security and Depositing University Operating Procedure.

SUBMITTED FOR APPROVAL

BUSINESS MANAGER _____ DATE _____ PROVOST _____ DATE _____

DEAN / VP _____ TITLE _____ UNIVERSITY BUDGET DIRECTOR _____ DATE _____

For FAB Use: If approved, activity to be considered as Income/Expense GF Other _____ Source Value _____

Reset Form