**If this request is to update an existing authorized EBA, please provide:**

|  |  |
| --- | --- |
| **FUND:** |  |
| **ACCOUNT TITLE:** |  |
| **NAME OF ORIGINAL EBA REQUEST** |  |

 **UNIVERSITY OF SOUTH FLORIDA**

 **REQUEST TO OPERATE AN EDUCATIONAL BUSINESS ACTIVITY (EBA)**

 **1. NAME**

|  |  |
| --- | --- |
| **NAME OF PROPOSED ACTIVITY** |  |

**2. INITIATOR**

|  |  |
| --- | --- |
| INITIATOR NAME & TITLE  |  |
| DEPARTMENT/DIVISION |  |
| CAMPUS ADDRESS |  | PHONE NUMBER |  | FAX |  |
| E-MAIL ADDRESS |  |

**3. CASH COLLECTIONS PROCESS**

|  |  |
| --- | --- |
| **HOW WILL REVENUE BE COLLECTED?** |  |

**4. ACTIVITY**

|  |
| --- |
| a. FULLY DESCRIBE THE EDUCATIONAL BUSINESS ACTIVITY. |
| b. HOW DOES THE ACTIVITY SUPPORT THE MISSION OF THE UNIVERSITY OF SOUTH FLORIDA? |
| c. LOCATION OF ACTIVITY: |

**5. ACTIVITY BEGIN DATE -- *This request must be received by the Controller's Office for review no later than two weeks prior to any activities taking place with this project. Activities include advertising, formalizing agreements, etc.***

|  |  |
| --- | --- |
| BEGIN DATE: |  |
| This is an activity that will be conducted: \_\_\_ Once or \_\_\_ On-going (year round) |

**6. TAX CONSIDERATIONS and OTHER INFORMATION**

|  |  |
| --- | --- |
|  a. Will this activity involve sales of tangible personal property? | \_\_Yes \_\_ No |
|  b. Will you be charging customers inside USF? | \_\_Yes \_\_ No |
|  Will you be charging customers outside USF?  | \_\_Yes \_\_ No |
|  Briefly describe the customers. |  |
|  c. Is this a student fee?  If so, attach supporting documentation for the fee (i.e. USF regulation). | \_\_ Yes \_\_ No |
|  d. Will this activity charge grants? If so, Service Center procedures apply. | \_\_ Yes \_\_ No |

**7. SPECIAL FUNDING SOURCES**: In the event that revenue is not able to cover expenses, expenses will be transferred to another appropriate university source of funds. See EBA guidance for specific examples of appropriate sources.

**8. FINANCIAL PLAN**: An initial Budget Plan must be prepared as part of this EBA Request. Please use the form on the next page for this initial budget. For some activities, a Business Plan must also be completed. Please see instructions for more information.

 USF Foundation fund-raising activities must be submitted on the USF Foundation form for requests to operate an Educational Business Activity.

**SIGNATURES AND STATEMENT OF UNDERSTANDING**

All parties signing below are recommending approval of this activity and attest to their understanding that this educational business activity must meet the following conditions:

* The activity supports the USF mission and is deemed to be an integral part of the fulfillment of the institution's instruction, research, public service and campus-support function, and other educational support activities without regard to profit.
* The activity provides an integral good or service at a reasonable price, on reasonable terms, and at a convenient time and location.
* The activity is carried out for the primary benefit of the campus community and does not conflict with Continuing Education, Contracts and Grants, and/or other educational business activities.
* The activity must maintain a positive financial condition and comply with good business and accounting practices.
* The individual responsible for the fiscal and operational accounting of this activity must have an adequate understanding of business operations including cash collection and management, bookkeeping, auxiliary policies and procedures, and finance and accounting procedures.

|  |  |  |
| --- | --- | --- |
| **ACCOUNTABLE OFFICER****(Print or type name)** |  **SIGNATURE** |  **DATE** |
|  |  |  |

|  |  |  |
| --- | --- | --- |
|  **DEAN/DIRECTOR****(Print or type name)** |  **SIGNATURE** |  **DATE** |
|  |  |  |

|  |  |  |
| --- | --- | --- |
|  **VICE PRESIDENT / VICE PRESIDENT DESIGNEE****(Print or type name)** |  **SIGNATURE** |  **DATE** |
|  |  |  |

**Educational Business Activity**

**Budget Plan for the Initial Fiscal Year**

|  |  |  |
| --- | --- | --- |
| Line Description | Amount | Additional Information and Description |
| Revenue |  |  |
| Transfer In Other Sources |  |  |
|  Total Revenue |  |  |
|  |  |  |
| Expenses: |  |  |
|  Payroll and Benefits |  |  |
|  Supplies |  |  |
|  Rent |  |  |
|  Other Expenses (list) |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Total Expenses |  |  |
|  |  |  |
| Net Cash Balance |  |  |
|  |  |  |

 **The purpose of this budget form is to validate that the activity will maintain a positive cash balance and to**

 **establish that the list of expenses is complete and appropriate for this activity. If additional information is**

 **required to fully explain the budget, please attach it.**

 **Once an activity is approved, USF standard budgeting procedures will apply and a complete budget will need**

 **to be prepared in accordance with established USF budgeting procedures.**

**9. DIVISION OF SPONSORED RESEARCH**:

|  |  |  |
| --- | --- | --- |
| **ASSOCIATE VICE PRESIDENT / ASSOCIATE VICE PRESIDENT DESIGNEE****(Print or type name)** |  **SIGNATURE** |  **DATE** |
|  |  |  |