Complete and submit this request to document program administrative policies and responsibilities in accordance with Hawaiʻi Revised Statutes Section [304A-2162](https://www.capitol.hawaii.gov/hrscurrent/Vol05_Ch0261-0319/HRS0304A/HRS_0304A-2162.htm), the Community College (CC) mission, and CC Policy [8.200](http://uhcc.hawaii.edu/ovpcc/policies/UHCCP_8.200). Key personnel and administrators shall describe program activities, source of revenues and allowable expenditures, provide revenue and expense projections, and identify risks of proposed program activities.

***Please route the approved form to the Fiscal Administrator no later than \_\_\_\_\_\_\_\_\_\_\_. The Vice Chancellor of Administrative Services will notify the requestor of the decision and further required action.***

**Account Information:**

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| --- | --- |
| Account / Program Name: |  |
| Account Number(s): |  |

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| Requestor: |  | Department: |  |
| Contact #: |  | Email: |  |

**Review of Revenue-Generating Program Request and Budget:**

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| --- | --- | --- | --- |
| Approved by: | Signature | Date | Comments |
| Name | Approval |
| Division Chair /  Unit Head |  |  |  |
|  | Yes\_\_\_ No\_\_\_\_ |
| Dean /  Director |  |  |  |
|  | Yes\_\_\_ No\_\_\_\_ |
| Vice Chancellor (Academic Affairs or Student Affairs) |  |  |  |
|  | Yes\_\_\_ No\_\_\_\_ |
| Other |  |  |  |
|  | Yes\_\_\_ No\_\_\_\_ |
| Fiscal Administrator |  |  |  |
|  | Yes\_\_\_ No\_\_\_\_ |
| Vice Chancellor of Administrative Services |  |  |  |
|  | Yes\_\_\_ No\_\_\_\_ |

**Justification for the Revenue-Generating Program**

**Part A**

1. How does the Program support the campus mission? Include program objectives and goals.

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1. Expected Duration of the Program

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1. Disposition of Funds upon Termination of the Program

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1. Source of Revenue (attach or list a Fee Structure if applicable)

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1. Method of Revenue Collection (i.e. cash or checks (cash), credit card, KFS invoice, Interdepartmental Billing, Banner, Destiny, Voyager). If cash will be collected at a location other than the campus Business Office, complete the “Departmental Cash Receipting Responsibilities” worksheet.

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1. Will goods be purchased for resale or to produce items for resale? If “Yes”, complete the “Departmental Inventory Responsibilities” worksheet.

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1. Department-Imposed Spending Restrictions (i.e., what items should not be purchased with these funds; maximum spending limit per fiscal year).

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1. Will funds be expended on meals, refreshments, and/or protocol items? If “Yes”, complete [OPRPM Form 136](https://www.hawaii.edu/policy/docs/temp/OPRPM_Form_136_Purchase_of_Meals__Refreshments__and_Protocol_Items_with_Special__Revolving_and_or_Endowment_Funds.pdf) prior to purchase and identify the proposed expenses in the Revenue/Expense Projection.

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1. What is the contingency plan should the program NOT meet revenue projections, or exceeds expenditure projections?

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1. What is the plan to reduce/eliminate any beginning balance cash deficit?

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**Part B**

1. Describe any program activities with regards to Unrelated Business Income Tax (UBIT), in other words, income from activities that are not related to the University’s exempt purpose.

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1. Describe program activities that could negatively affect the health and safety of program participants and Campus staff or otherwise cause damage to the University and University property. Describe the impact and frequency of any potential adverse events.

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