



## APPENDIX B: SPECIAL ACTIVITIES PROGRAM BUDGET SUMMARY

### Cover Sheet

**Program Title** \_\_\_\_\_ **Dates** \_\_\_\_\_

**Program Budget Summary Estimated Income:** Refer to Section I (Page 3)

*If filling out electronically, all fields on Cover Sheet will autofill as you fill out the rest of the packet.*

|                      |       |                       |       |                        |       |
|----------------------|-------|-----------------------|-------|------------------------|-------|
| A. Registration Fees | _____ | B. Vendor Booths      | _____ | C. Sale of Merchandise | _____ |
| D. Sponsor Income    | _____ | E. Departmental Funds | _____ |                        |       |

**Total Estimated Income** \_\_\_\_\_

**Estimated Expenses:** Refer to Section II (Pages 4-10)

|                           |       |                            |       |
|---------------------------|-------|----------------------------|-------|
| A. Planning and Promotion |       | B. Personnel Costs         |       |
| 1. Planning Meetings      | _____ | 1. Staff Salary            | _____ |
| 2. Promotion              | _____ | Fringe Benefits (TTU Only) | _____ |
| C. Food and Entertainment |       | 2. Staff Travel            | _____ |
| 1. Food                   | _____ | 3. Speaker Honorariums     | _____ |
| 2. Entertainment          | _____ | Fringe Benefits (TTU Only) | _____ |
| D. Other Costs            | _____ | 4. Speaker Travel          | _____ |
| E. Program Service Charge | _____ |                            |       |

**Total Estimated Expenses** \_\_\_\_\_

**Estimated Net Income**

**Estimated Income Less Estimated Expenses**



## SPECIAL ACTIVITIES PROGRAM BUDGET SUMMARY

### Program Information

Estimated number of paid participants for program to be offered \_\_\_\_\_

Maximum number of participants allowed \_\_\_\_\_

List discounts, if any

Will fees be waived for any participant ? Yes      No

If yes, please describe

Will there be any sales of merchandise by the units proposing this program? Yes      No

If yes, what will be sold?

Will there be any vendor booths sold? Yes      No

If yes, what will be the price of these booths? \_\_\_\_\_

Will there be any external sponsors? Yes      No

If yes, please specify



## SPECIAL ACTIVITIES PROGRAM BUDGET SUMMARY

### Section I: Income

**A. Registration Fees**

\_\_\_\_\_ persons @ \_\_\_\_\_ per person = \_\_\_\_\_  
 \_\_\_\_\_ persons @ \_\_\_\_\_ per person = \_\_\_\_\_  
 \_\_\_\_\_ persons @ \_\_\_\_\_ per person = \_\_\_\_\_  
 \_\_\_\_\_ persons @ \_\_\_\_\_ per person = \_\_\_\_\_

**Registration Fees Total** \_\_\_\_\_

**B. Sales of Merchandise**

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

**Sales of Merchandise Total** \_\_\_\_\_

**C. Vendor Booth Sales**

\_\_\_\_\_ booths @ \_\_\_\_\_ per booth = \_\_\_\_\_  
 \_\_\_\_\_ booths @ \_\_\_\_\_ per booth = \_\_\_\_\_

**Vendor Booth Sales Total** \_\_\_\_\_

**D. Sponsor Income**

Sponsor1 Name \_\_\_\_\_  
 Sponsor2 Name \_\_\_\_\_

**Sponsor Income Total** \_\_\_\_\_

**E. Departmental Funds** \_\_\_\_\_

**Total Estimated Income** \_\_\_\_\_



## SPECIAL ACTIVITIES PROGRAM BUDGET SUMMARY

### Section II: Expenses

#### A. Planning and Promotion

##### 1. Planning Meeting

Will there be a need for a planning meeting(s)? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, identify the following costs. Note: *This includes all persons attending the planning meetings for whom expenses will be paid from this account.*

|              | <u>Meeting 1</u> | <u>Meeting 2</u> | <u>Meeting 3</u> |                                     |
|--------------|------------------|------------------|------------------|-------------------------------------|
| Travel       | _____            | _____            | _____            |                                     |
| Lodging      | _____            | _____            | _____            |                                     |
| Meals        | _____            | _____            | _____            |                                     |
| Meeting      | _____            | _____            | _____            |                                     |
| Room         | _____            | _____            | _____            |                                     |
| Refreshments | _____            | _____            | _____            |                                     |
| Other        | _____            | _____            | _____            |                                     |
| Totals       | _____            | _____            | _____            |                                     |
|              |                  |                  |                  | <b>Planning Meeting Total</b> _____ |

##### 2. Promotion

- a. What methods of promotion will be used?  
 Brochures / Flyers      *Black and White*      *Color*  
 Media Advertising      *News Release*      *News Paper Ad*      TV      *Radio*  
    E-mail
- b. If brochures/flyers are used, how many will be printed/sent out? \_\_\_\_\_
- c. If brochures/flyers will be used, how will they be designed?  
    in-house      external group
- d. Are addresses available or will mailing lists be purchased? \_\_\_\_\_  
     If purchased, from whom? \_\_\_\_\_
- e. Estimated costs:
- |               |       |
|---------------|-------|
| Printing      | _____ |
| Mailing lists | _____ |
| Ads           | _____ |
| Mail Services | _____ |
| Postage       | _____ |
| Other         | _____ |
- Promotion Total** \_\_\_\_\_



## SPECIAL ACTIVITIES PROGRAM BUDGET SUMMARY

### Section II: Expenses (cont.)

#### B. Personnel Costs

##### 1. Staff Salaries & Fringe Benefits

List staff members that will work on this program. Estimate the number of hours to be allocated to this program. Include TTU personnel, **other than ODE personnel and program speakers**, who will participate in the program. NOTE: Sponsoring department or agency personnel not included in the budget cannot be paid.

| Name  | TTU Employee? |    |       |              |                        |
|-------|---------------|----|-------|--------------|------------------------|
| _____ | Yes           | No | _____ | est. hours @ | _____ per hour = _____ |
| _____ | Yes           | No | _____ | est. hours @ | _____ per hour = _____ |
| _____ | Yes           | No | _____ | est. hours @ | _____ per hour = _____ |

**Staff Salary Total** \_\_\_\_\_

• **Fringe benefits:** Estimate at 35% for TTU employees only. \_\_\_\_\_

##### 2. Staff Travel Provide estimated travel costs for staff, including ODE personnel, who will attend the program.

|             |       |       |       |
|-------------|-------|-------|-------|
| Name        | _____ | _____ | _____ |
| Airfare     | _____ | _____ | _____ |
| Mileage     | _____ | _____ | _____ |
| Auto Rental | _____ | _____ | _____ |
| Meals       | _____ | _____ | _____ |
| Lodging     | _____ | _____ | _____ |
| Other       | _____ | _____ | _____ |
| Total       | _____ | _____ | _____ |

**Staff Travel Total** \_\_\_\_\_



## SPECIAL ACTIVITIES PROGRAM BUDGET SUMMARY

### Section II: Expenses (cont.)

#### 3. Speaker Costs - Honorariums

Prepare a listing of speakers and proposed honorariums. For individuals who are Texas Tech employees, fringe benefits must be calculated. Estimate at 35%.

| Speaker's Name  | TTU Employee? |    | Honorariums | Total |
|---|---------------|----|-------------|-------|
| _____   | Yes           | No | _____       | _____ |
| _____   | Yes           | No | _____       | _____ |
| _____   | Yes           | No | _____       | _____ |
| <b>Speaker Honorariums Total</b>                                  |               |    |             | _____ |
| • <b>Fringe benefits:</b> Estimate at 35% for TTU employees only. |               |    |             | _____ |

#### 4. Speaker Travel

Provide estimated travel costs for speakers. Attach a separate sheet if more room is needed.

|             |       |       |       |
|-------------|-------|-------|-------|
| Name        | _____ | _____ | _____ |
| Airfare     | _____ | _____ | _____ |
| Mileage     | _____ | _____ | _____ |
| Auto Rental | _____ | _____ | _____ |
| Meals       | _____ | _____ | _____ |
| Lodging     | _____ | _____ | _____ |
| Other       | _____ | _____ | _____ |
| Total       | _____ | _____ | _____ |

**Speaker Travel Total** \_\_\_\_\_



## SPECIAL ACTIVITIES PROGRAM BUDGET SUMMARY

### Section II: Expenses (cont.)

**C. Food and Entertainment**

**1. Food**

These are costs included in the participant tuition for the program. *Note: Alcoholic beverages will not be paid unless included in this budget and approved in advance.*

**Day 1**

|            |                 |                    |       |
|------------|-----------------|--------------------|-------|
| Breakfast  | _____ persons @ | _____ per person = | _____ |
| A.M. Break | _____ persons @ | _____ per person = | _____ |
| Lunch      | _____ persons @ | _____ per person = | _____ |
| P.M. Break | _____ persons @ | _____ per person = | _____ |
| Dinner     | _____ persons @ | _____ per person = | _____ |
| Alcohol    | _____ persons @ | _____ per person = | _____ |
|            |                 | Day 1 Total        | _____ |

**Day 2**

|            |                 |                    |       |
|------------|-----------------|--------------------|-------|
| Breakfast  | _____ persons @ | _____ per person = | _____ |
| A.M. Break | _____ persons @ | _____ per person = | _____ |
| Lunch      | _____ persons @ | _____ per person = | _____ |
| P.M. Break | _____ persons @ | _____ per person = | _____ |
| Dinner     | _____ persons @ | _____ per person = | _____ |
| Alcohol    | _____ persons @ | _____ per person = | _____ |
|            |                 | Day 2 Total        | _____ |

**Day 3**

|            |                 |                    |       |
|------------|-----------------|--------------------|-------|
| Breakfast  | _____ persons @ | _____ per person = | _____ |
| A.M. Break | _____ persons @ | _____ per person = | _____ |
| Lunch      | _____ persons @ | _____ per person = | _____ |
| P.M. Break | _____ persons @ | _____ per person = | _____ |
| Dinner     | _____ persons @ | _____ per person = | _____ |
| Alcohol    | _____ persons @ | _____ per person = | _____ |
|            |                 | Day 3 Total        | _____ |



## SPECIAL ACTIVITIES PROGRAM BUDGET SUMMARY

### Section II: Expenses (cont.)

#### Day 4

Breakfast \_\_\_\_\_ persons @ \_\_\_\_\_ per person = \_\_\_\_\_

A.M. Break \_\_\_\_\_ persons @ \_\_\_\_\_ per person = \_\_\_\_\_

Lunch \_\_\_\_\_ persons @ \_\_\_\_\_ per person = \_\_\_\_\_

P.M. Break \_\_\_\_\_ persons @ \_\_\_\_\_ per person = \_\_\_\_\_

Dinner \_\_\_\_\_ persons @ \_\_\_\_\_ per person = \_\_\_\_\_

Alcohol \_\_\_\_\_ persons @ \_\_\_\_\_ per person = \_\_\_\_\_

Day 4 Total \_\_\_\_\_

**Food Total** \_\_\_\_\_

#### 2. Entertainment

Please indicate any entertainment that will be provided for the program. Include any rentals (space, equipment, etc) as well as the cost of performers.

| Type  | Vendor | Cost  |
|-------|--------|-------|
| _____ | _____  | _____ |
| _____ | _____  | _____ |
| _____ | _____  | _____ |

**Entertainment Total** \_\_\_\_\_





## SPECIAL ACTIVITIES PROGRAM BUDGET SUMMARY

### Section II: Expenses (cont.)

**D. Other Costs**

- 1. Space Rental
  - Meeting Space \_\_\_\_\_
  - Meals \_\_\_\_\_
  - Other \_\_\_\_\_
- 2. Parking \_\_\_\_\_
- 3. Equipment Rental
 

| Type  | Vendor |       |
|-------|--------|-------|
| _____ | _____  | _____ |
| _____ | _____  | _____ |
- 4. Office supplies \_\_\_\_\_
- 5. Telephone calls \_\_\_\_\_
- 6. Computer services \_\_\_\_\_
- 7. Vehicle rental \_\_\_\_\_
- 8. Printing/duplicating \_\_\_\_\_
- 9. Textbooks \_\_\_\_\_
- 10. Postage/freight \_\_\_\_\_
- 11. Instructional materials(name tags, packets) \_\_\_\_\_
- 12. Certification costs \_\_\_\_\_
- 13. Certificates \_\_\_\_\_
- 14. Other: \_\_\_\_\_

**Other Costs Total** \_\_\_\_\_



## SPECIAL ACTIVITIES PROGRAM BUDGET SUMMARY

### Section II: Expenses (cont.)

**E. Program Services Charge**

Identify services to be provided by the Office of the Provost along with the fee(s) for these services.

| <u>Type</u>                                     | <u>Cost</u> |
|---|-------------|
| <u>Coordination and Administration Services</u> | _____       |
| _____   | _____       |
| _____   | _____       |
| <b>Program Services Total</b> _____             |             |

**Total Estimated Expenses** \_\_\_\_\_