



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	_____	_____	_____
		Planning Meeting Total	_____

2. Promotion

- a. What methods of promotion will be used?
 Brochures / Flyers *Black and White* *Color*
 Media Advertising *News Release* *Newspaper 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	_____	_____
_____	Yes	No	_____	_____

Speaker Honorariums Total _____

• **Fringe benefits:** 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>	_____
_____	_____
_____	_____

Program Services Total _____

Total Estimated Expenses _____