

Program Income Budget Request Form

1. Workday Award #:

2. Award Begin Date:

End Date:

3. PI Name:

4. eGC1#:

Sponsor Grant #:

5. Proposed Begin Date:

End Date:

6. Approximate annual level of income per budget year:

7. Is the product or service available from private sources?:

Yes

No

8. What is the activity that is generating the revenue? (Check all that apply; each activity requires a separate Program Income award lines in Workday.)

Fees for services performed

Use of rental or real personal property acquired under a Federal Award

Sale of commodities or items fabricated under a Federal Award

Conference fees earned when the award funds the conference

Principal and interest on loans made with Federal funds

Other

If "Other" describe:

9. Is the revenue generated from conference fees?

YES

(If "Yes", skip to question #12)

NO

10. Is the revenue generated from an externally mandated rate?(If

YES

"Yes", skip to question #13)

NO

11. If the revenue generated is from neither conference fees or an externally mandated rate, have the rates been determined by a department study?

YES

NO

12. If the rates have been determined by department study, have the rates been reviewed by MAA in the last two years?

YES

NO

13. Purpose or proposed use of the income; what kinds of expenses will be incurred on this account?:

14. Does the sponsor of the parent budget place any restrictions on the generation or use of Program Income?

YES

NO

If "Yes", please describe:

Submitted by:

Email/phone:

Approved by*:

Date:

*PI or other authorized official

**CC: Dean's Office Contact/Email:

**Required for School of Medicine

Please submit this form to GCA. Thank you!

*****PAFC Use Only*****

Treatment Type: