

# Program Income Budget Request Form

1. Parent Budget #:

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 sub budget.)

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?

YES

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

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

11a. Has the rate study been reviewed by MAA in the last two years?

YES

NO

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

13. 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:**