California State University, Sacramento

***Fee Proposal for Presidential Review***

**Name of Proposed Fee:**­­

**Specify Fee Category*:*** For a description of fees and CSU fee policies, refer to:

<https://www.calstate.edu/csu-system/about-the-csu/budget/tuition-fees/fee-policy/Pages/authority-process-and-accountability.aspx>)

[ ]  **Category IV:** Non-coursework materials, services, penalty, use of service fees or

 Student Health Services fees

[ ]  **Category V:** Self Support Fees (CCE, Parking, and Housing) excluding Cal-State Online extended education fees

**Proposed action effective**(specify date):

[ ]  *Establish a new fee/person* of $ (*The minimum revenue threshold for new fees is $500/year.)*

[ ]  *Change an existing fee*. Current amount of the fee/person: $

 **CFS Fund**: **CFS Dept ID**:

[ ]  – Increase the fee/person to $

[ ]  – Decrease the fee/person to $

[ ]  – Eliminate the fee

[ ]  *Update fee language, usage, materials, or services only (no change in fee amounts)* **Fund: \_\_\_\_\_\_**

**Requester:** **Department:**

**Contact #:** **Email Address:**

***Reviewed/Approved*:** *I recommend approval of the proposed fee action.*

**Requestor Signature**: Printed Name Date

**Department Chair** **Signature**: Printed Name Date

**Dean/Director Signature**: Printed Name Date

**Provost/Vice President Signature**: Printed Name Date

Please email the approved and signed request along with Page 2 – Rational for the Fee, and Page 3 – Fee Revenue/Expense Projections to bpa-01@csus.edu

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***Rationale for the Fee***

**Please respond to the following questions:**

1. Explain the purpose of the fee(s).

1. Indicate who will be charged the fee.

1. If multiple related fees under the same category, list types and amounts.

1. Fee information:
	1. Describe the services or materials to be provided from the fee(s). List in detail.

* 1. What types of expenditures will be allowed for the fee(s)? List in detail.

* 1. What other resources have been used in the past/considered to cover these services/materials?

* 1. What is the benefit to the individuals receiving the materials/services?

1. If eliminating a fee, explain why it is no longer needed. Attach an FDW report showing the fund balance and specify how any remaining funds will be used or transferred.

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***Fee Revenue/Expense Projection***

Please provide revenue and expenditure projections for the requested fee(s). You may either use and submit the active Excel worksheet below (double click on the sheet to activate the worksheet), or submit an alternative spreadsheet (not a PDF) with your request. For programs carrying debt, please submit a multi-year pro forma with estimated debt service ratios.

