



**UNIVERSITY OF CENTRAL FLORIDA**  
**Finance & Accounting**  
**Request to Operate an Educational Business Activity**

1. Name of proposed activity: \_\_\_\_\_
2. Sponsoring Unit (Dept, Proj, Col): \_\_\_\_\_
3. Initiator: \_\_\_\_\_ Phone No: \_\_\_\_\_
4. Activity
  - A. Describe the educational business activity: \_\_\_\_\_
  - B. How does the activity support the mission of the University: \_\_\_\_\_
5. Activity beginning date: \_\_\_\_\_ Ending date (if one-time activity): \_\_\_\_\_
6. Location of activity: \_\_\_\_\_
7. Other support - complete the following if this activity will receive support directly or indirectly from other funding sources  
 \_\_\_\_\_  
 \_\_\_\_\_
8. Special funding sources - identify specific funding sources for the following:
  - A. Start-up costs:
    1. For on-going activities: \_\_\_\_\_
    2. For one-time activities where expenditures will precede revenue: \_\_\_\_\_
  - B. If expenditures exceed income: \_\_\_\_\_
9. A financial plan (budget) must be submitted with each request - *attach additional sheets as needed.*
10. I understand this activity must maintain a positive financial condition (cash and fund balance):

Initiator/Accountable Officer signature	Print or type name	Date
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11. I have reviewed and support this request to operate an educational business activity. I understand its mission as it relates to the overall mission of the University. I understand this activity must maintain a positive financial condition (cash and fund balance) and hereby recommend approval of this request.

Approved: _____ Vice President signature	Print or type name	Date
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12. Approved:

Vice President for Admin & Finance signature	Print or type name	Date
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**FOR F&A USE ONLY:**

13. This activity has been determined to be an Unrelated Business Activity subject to payment of Unrelated Business Income Tax (UBIT). Y N

14. Coding assigned to this business activity: Dept/Proj #: \_\_\_\_\_

Signed	Date
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