UAS CAL STATE LA UNIVERSITY
AUXILIARY SERVICES INC.

CAMPUS PROGRAM AGREEMENT

☐ New ☐ Update

Project Number _____ (Determined by UAS Financial Services)

PART I: GENERAL INFORMATION

All campus program account must comply with the guidelines, policies and procedures set forth in the Campus Program Account Manager's Handbook

PROJECT TITLE _____ *(30 Characters Including Space)*

PROJECT DIRECTOR _____

PROJECT PERIOD From _____ to _____ *(maximum term 5 years)*

DEPARTMENT _____ **DIVISION** _____ **COLLEGE** _____

ACTIVITY LOCATION

☑ On Campus ☐ Off Campus: address _____

PURPOSE/GOAL OF PROJECT

(***State the objective of this project and how it meets the educational mission of the University):***

ACCOUNT TYPE	**RESTRICTION** *Please specify if account is designated or restricted.*
* ☐ **DONOR RESTRICTED**	
☐ **INTERNALLY DESIGNATED**	
☐ **UNRESTRICTED DONATION**	
☐ **INDIRECT COST**	

**Please attach documentation regarding donor restrictions.*

PART II: FUNDING SOURCES

SOURCE OF FUNDING –Course fees collected from students may not be deposited with UAS unless they are from non-credit courses offered through UAS. All State funds must be deposited with the University.

Please describe in detail the funding source for the campus program or activity to be administered by UAS.

Check all that could apply

- ☐ Gifts and Donations
- ☐ Fundraising / Public Relation Events
- ☐ External funding projects (non-credit) (Workshops, Conferences, and Institutes)
- ☐ Sales of Goods (specify type i.e., t-shirts, non-course materials)
- ☐ Donation and transfer from other UAS account.
- ☐ Other

Nature of Operations

- ☐ Instruction
- ☐ Research
- ☐ Public Service (Community Relations)
- ☐ Academic Support
- ☐ Student Support
- ☐ Institutional Support
- ☐ Other

PART III: EXPENSE TYPES

NATURE OF ANTICIPATED EXPENSES- **(Check all expense types you may have during this 3 year agreement)**

☐ Salaries & Wages	☐ Supplies	☐ Donation	☐ Computers/Printers
☐ Room/Facility Rental	☐ Postage	☐ Conferences	☐ Equipment < $5,000
☐ Hospitality/Catering	☐ Telephone	☐ Travel	☐ Equipment ≥ $5,000
☐ Scholarship /Awards	☐ Consultants/Contract Services		

☐ Reimbursement for State Costs (i.e. facilities and services) **Please describe:**

_____

PART IV: DISPOSITION OF FUNDS

Upon closure of project any balance of funds shall be disposed as follows:

☐ Transfer to other UAS Account. _____

☐ Transfer to State Account No._____ ☐ Other_____

ACCOUNT CLOSURE

To close this project, send an email to UAS requesting account closure. Include the following: Reason for account closure, disposition of funds, Property location (if applicable)

PART V: RISK MANAGEMENT

Will the activities of this project involve the following:

	Yes	No
• Potential payments (salary/services, travel, etc) to non-U.S. Citizens?	☐	☐
• Special events where you anticipate serving alcoholic beverages?	☐	☐
• Using hazardous materials or involvement in a hazardous activity?	☐	☐
• Working with minors, disabled or elderly?	☐	☐

If Yes, specify _____

PART VI: TERMS AND CONDITIONS

UAS Campus program policies are available at http://www.calstatela.edu/sites/default/files/groups/University%20Auxiliary%20Services%2C%20Inc./Programs/campus_prog_acct_mgr_handbook.pdf

ICSUAM 13680: http://www.calstate.edu/icsuam/sections/13000/13680.00.shtml

UAS agrees to monitor and enforce the following conditions:

- The project has an administrative fee set by UAS.
- The agreement will be reviewed on a 5 year cycle.
- Negative balances are not allowed; accounts with negative balances may be closed and will become the liability of the department associated with the Project Director.
- Project information is provided on a monthly basis to Project Director and others so designated.

Project Director's Responsibilities include:

- Ensuring all funds receipted and expended on this project will be for the purposes described herein.
- Signature authority on this agreement.
- Ensuring expenditures are in compliance with the educational mission of Cal State LA.
- Complying with all UAS policies, procedures and/or directives (as amended from time to time) including the hiring, payment and supervision of employees.

PART VII: AGREEMENT APPROVALS

Initial approval on each line below:

_____I agree to 7.5% administrative fee.
_____I agree this project will not have a negative balance unless per-approved.
_____I have read the Campus Program Account Manger's Handbook and agree to all terms and conditions.

AUTHORIZED ACCOUNT SIGNATORIES

Primary Authorized Signature /Project Director	Print Name	Date
Additional Authorized Signature	Print Name	Date
Additional Authorized Signature	Print Name	Date

ACCESS TO MONTHLY STATEMENT

Name	Name
Name	Name

REVIEWED AND APPROVED BY: (Dean or Vice Presidents are also Authorized Signers on the Project)
By signing this agreement, I agree to adhere to all terms and conditions of the agreement.

College Dean / Dept. Chair	Date	Vice President of Administration Finance	Date
College Budget Officer	Date	UAS Executive Director	Date
Division's Vice President	Date		

UAS USE ONLY
PROJECT SET UP INFORMATION/EVALUATION

Project		Department		Officer:		Entered:	
Fund		Division		Entity		Approved:	