# Miscellaneous Student Fee (MSF) Proposal Form

Information about the Miscellaneous Student Fee policy and guidance can be found at: <https://cfo.berkeley.edu/student-fees/msf>

**Return completed forms to** [**studentfees@berkeley.edu**](mailto:studentfees@berkeley.edu) **by February 21, 2020**

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| Section 1: Department and Contact Information | | | | | | |
| Division/School/College | | |  | | | |
| Department/Unit/Program | | |  | | | |
| Department contact | | |  | | | |
| Email address | | |  | | | |
| Phone number | | |  | | | |
|  | | | | | | |
| Section 2: Fee Information | | | | | |
| Fee title | | |  | | |
| Is the fee one-time or recurring? | | | ⃝ One-time (e.g., a document fee; an orientation fee)  ⃝ Recurring (e.g., a per-semester access fee) | | |
| Who will pay this fee? (e.g., first-year students; international students; graduate and professional students; all students; etc.) | | |  | | |
| Total annual revenue generated by fee | | | $ | | |
| DeptID and CF1 for fee revenue tracking\* | | |  | | |
|  | | | | | |
| Section 3: Proposed Action | | | | | | |
| ⃝ | Establish New Fee | Amount of new fee: $ | | | | |
| ⃝ | Increase Existing Fee\*\* | Current fee: $ | | | Increase fee to: $ | |
| ⃝ | Consolidate Existing Fees  (list fee names & amounts) | [Fee 1 description]: $  [Fee 2 description]: $  [Add lines as necessary] | | | Consolidated fee: $ | |
| First Effective Semester & Year of Proposed Action: | | | |  | | |

\* If annual revenue is more than $50,000, a unique fund # will be generated for this MSF; if less than $50,000, fund # 60050 will be used for educational activity and # 66350 will be used for other activity, and a CF1 is required.

\*\* UCOP and campus policy require that any fee increases be *moderate* and *gradual*. MSFs that accrue surplus balances in a given year are ineligible for future increases until surplus is resolved, unless authorization has been given to amortize equipment costs.

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| Section 4: Summary of Costs and Fee Calculation | |
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| **Compensation** | **Projected Amount Included in MSF** |
| Staff Salaries and Wages | $ |
| Employee Benefits | $ |
| *Total Compensation* | *$* |
|  | |
| **Supplies, Materials, and Equipment < $5,000** | **Projected Amount Included in MSF** |
| General Supplies | $ |
| Laboratory Supplies | $ |
| Equipment < $5,000 | $ |
| *Total Supplies, Materials, and Equipment* | *$* |
|  | |
| **Other Operating Expenses** | **Projected Amount Included in MSF** |
| Rents and Utilities | $ |
| Services | $ |
| Miscellaneous Expenses | $ |
| *Total Other Operating Expenses* | *$* |

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| **Equipment >= $5,000** | **Purchase Cost** | **Years of Useful Life** | **Annual Cost to MSF** |
| Item 1 Description | $ |  | $ [Cost/Years] |
| Item 2 Description | $ |  | $ [Cost/Years] |
| Item 3 Description | $ |  | $ [Cost/Years] |
| [Add lines as necessary] | $ |  | $ [Cost/Years] |
| **Total Equipment Amortization Charged to MSF** | | | **$** |

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| --- | --- | --- | --- | --- | --- | --- |
| **Total Expenses** | | | $ [Comp + S&M + Other Expense + Amortization] | | | |
| **Projected Number of Students Annually** | | |  | | | |
| **Calculated Fee per Student** | | | $ [Total Expenses / # of Students] | | | |
| **Return-to-Aid %** | | | \_\_\_% [UCOP policy recommends minimum 25%] | | | |
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| Section 5: Expense Detail | | | | | | |
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| **Compensation Detail** (complete if Compensation included in Section 4: Summary of Costs) | | | | | | |
| **Job Title** | | **Annual Salary + Benefits** | | **% of FTE Dedicated to MSF Activity** | | **Total Salary & Benefit Cost** |
|  | | $ [Salary \* 1.4705] | |  | | $ (Sal + Ben) \* % FTE |
|  | | $ [Salary \* 1.4705] | |  | | $ (Sal + Ben) \* % FTE |
|  | | $ [Salary \* 1.4705] | |  | | $ (Sal + Ben) \* % FTE |
|  | | | | | | |
| **Operating Expense Detail** (complete if Supplies, Materials, and Equipment and/or Other Operating Expenses included in Section 4: Summary of Costs) | | | | | | |
| *General Supplies Description* | *Total Cost to Department* | | | | *Cost Included in MSF* | |
|  | $ | | | | $ | |
| *Laboratory Supplies Description* | *Total Cost to Department* | | | | *Cost Included in MSF* | |
|  | $ | | | | $ | |
| *Equipment < $5,000 Description* | *Total Cost to Department* | | | | *Cost Included in MSF* | |
|  | $ | | | | $ | |
| *Rents and Utilities Description* | *Total Cost to Department* | | | | *Cost Included in MSF* | |
|  | $ | | | | $ | |
| *Services Description* | *Total Cost to Department* | | | | *Cost Included in MSF* | |
|  | $ | | | | $ | |
| *Miscellaneous Description* | *Total Cost to Department* | | | | *Cost Included in MSF* | |
|  | $ | | | | $ | |

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| Section 6: Annual Financial History (for Existing MSFs Only) | | | |
|  | **Prior Year Actuals** | **Current Year Estimate** | **Next Year Projection** |
| Beginning Balance | $ | $ | $ |
| MSF Revenue Collected | $ | $ | $ |
| Total Expenditures | $ | $ | $ |
| Ending Balance | $ | $ | $ |

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| Section 7: Additional Details |
| 1. Provide a brief description of any services or materials covered by this fee. |
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| 2. Provide a brief description of any equipment covered by this fee. |
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| 3. What is the expected benefit to the students who will be paying this fee? |
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| 4. What are the consequences if the proposed fee or fee increase is denied or if it is approved for a partial or lesser amount? |
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| 5. If this is a new fee, what resources have been used in the past to cover the associated expenses? Why are these resources no longer sufficient? |
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| Section 7: Additional Details (cont.) |
| 6. If this is a request to increase an existing fee, describe what has changed to require this increase. |
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| 7. UCOP policy recommends that a minimum of 25% of fee revenue be reserved for financial aid. Describe how you plan to collect and allocate financial aid to students. |
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| Section 8: Student Consultation |
| Campus policy mandates that departments ensure student consultation in the proposal review process. Describe your student consultation process and summarize students’ feedback on this proposal. Please submit alongside this proposal any documentation of your outreach efforts and letters of support from the student body. |
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| Section 9: Approvals | |
| Divisional Finance Lead Name |  |
| Signature |  |
| Date |  |
| Dean/Vice Chancellor Name |  |
| Signature |  |
| Date |  |