

Fee Proposal Request Form

In accordance with the provisions of the California State University (CSU) [Executive Order 1102](#), the President is delegated the authority for the establishment, oversight and adjustment of Category IV and V fees. To facilitate this process, please provide the information requested below.

Required documents for submission of proposal:

Part 1 - Fee Proposal Request Form for appropriate fee category, signed by Requestor, Dean/Director, and the divisional Vice President

Part 2 - Fee Request Narrative

Part 3 - Financial Data Sheet

Fee Category: Category V (Self Support Program Fees)

Request To: Adjust a current fee

Name of Fee:

Current Fee: \$510 Per Unit

Proposed Fee: \$540 Per Unit


Proposed Effective Date: 01/01/2025

Routing Order:

1. Submitted by:	Cindy Bumgarner Dept. Representative Name	Cindy Bumgarner Digitally signed by Cindy Bumgarner Date: 2024.10.10 11:35:38 -07'00'	10/10/2024	
		Signature	Date	Phone
2. Approved by:	Cindy Bumgarner Dean/Director Name	Cindy Bumgarner Digitally signed by Cindy Bumgarner Date: 2024.10.10 11:35:46 -07'00'	10/10/2024	707-826-6999
		Signature	Date	Phone
3. Approved by:				
	Vice President Name		Date	Phone
4. Reviewed By:	Sarah Long Budget Director	Sarah Long Digitally signed by Sarah Long Date: 2024.10.09 14:32:14 -07'00'		707-826-4036
		Signature	Date	Phone
5. Recommended By:	Chrissy Holliday SFAC Chair	Chrissy Holliday Digitally signed by Christin Holliday Date: 2024.10.10 12:53:40 -07'00'	10/10/2024	707-826-3361
		Signature	Date	Phone

☒ Recommended Approval Recommended Approval w/ Modification Recommended Denial

Comments from SFAC (if needed):

6. Approved By:	Sherie Cornish Gordon Vice President of Admin Affairs	 Signature	10/10/2024	707-826-3351
			Date	Phone
7. Approved By:	Michael Spagna Vice President of Admin Affairs	Michael E. Spagna Michael E. Spagna (Oct 15, 2024 13:49 PDT) Signature	10/15/2024	707-826-3311
			Date	Phone

☒ Recommended Approval Recommended Approval w/ Modification Recommended Denial

Comments from the President (if needed):

8. Form with President's signature sent to the Manager of Student Accounts

1. Clearly list all assumptions used when creating this proposal.
2. Clearly state the expenditures that will be funded by this proposed revenue source.
3. Clearly state the reason(s) why this fee or fee increase is necessary (include references to executive orders, CA law, etc.)
4. Clearly articulate why the level of fee proposed is the appropriate amount to charge.
5. Timeline Information:

	Current Rate	\$510	Per	Unit	
	Proposed Rate	\$540	Per	Unit	
	Year 1	Year 2	Year 3		
510	540	572	606		
Current number of participants	Estimated number of participants that will be assessed this fee				
95	95	95	95		
Historical Data (for fee increase proposal)		Prospective Data (2 years of fee increase; 3 years for a new fee)			
2024	2025	2026	2027		
Fee Adjustment Proposal: Enter ONE complete year of historical actual revenue and expenditure data and TWO years of prospective data. New Fee Proposal: Enter THREE years of prospective revenue and expenditure data					
Fee Revenue Type:					
	\$1,121,659	\$1,258,028	\$1,332,806	\$1,411,982	
Total Revenue					
Expenditure Type: (List typical categories of expenditure costs that the fee proposed will cover - salaries, travel, supplies, rental of meeting room, etc.)					
	\$416,000	\$425,000	\$442,250	\$458,313	
	\$144,000	\$151,000	\$158,550	\$180,000	
	\$3,000	\$5,000	\$6,000	\$7,000	
	\$0	\$0	\$10,000	\$10,000	
	\$191,000	\$251,600	\$266,700	\$283,000	
	\$80,000	\$85,000	\$90,000	\$100,000	
	\$86,000	\$90,000	\$100,000	\$35,000	
	\$28,000	\$30,000	\$30,000	\$115,000	
	\$153,000	\$158,000	\$163,000	\$168,000	
Total Expenditures:	\$110,100	\$1,195,600	\$1,266,500	\$1,356,313	
Net (Revenue minus Expenditures)	\$20,659	\$62,428	\$66,306	\$55,669	
	Fund	Dept	Program	Class	Project
Please note to the right the chartfield string where the existing revenue fee and actual expenditures are recorded for this program	TL201	D20091			
	TL201	D20091			