

**North Carolina State University
Sales Activity Questionnaire
NCSU FORM BA-109 (7/04)**

College/Department/Unit:	OUC:
	0 0
Suggested Title of Requested Trust Fund Account:	
0	

Sales Activity Is Allowed by The State's General Statute (Umstead Act):

Sales activity by the University may only be engaged as provided by the State's General Statute. Please select from the box below the provision that allows the University to engage in this activity.

▼

Revenue Produced By Sales Activity:

Estimated Annual Receipts:	On-Campus Sources: (check if applicable)	Off-Campus Sources: (check if applicable)
\$ - Year 1	<input type="checkbox"/> Charges to Students, Faculty or Staff	<input type="checkbox"/> Charges to Governmental Entities
\$ - Year 2	<input type="checkbox"/> Charges to Ledger 2 or 4 Budget Funds	<input type="checkbox"/> Charges to Not-For-Profit Entities
\$ - Year 3	<input type="checkbox"/> Charges to Lower Level Ledger 3 Budget Funds	<input type="checkbox"/> Charges to Other Universities
\$ - After 3 Yrs	<input type="checkbox"/> Charges to Upper Level Ledger 3 Trust Funds	<input type="checkbox"/> Charges to Alumni
	<input type="checkbox"/> Charges to Ledger 5 Federal C&G Trust Funds	<input type="checkbox"/> Charges to Affiliate Organizations
	<input type="checkbox"/> Charges to Ledger 5 Non-Fed C&G Trust Funds	<input type="checkbox"/> Charges to Centennial Partners
	<input type="checkbox"/> Charges to Ledger 6 or 7 Trust Funds	<input type="checkbox"/> Charges to For-Profit Organizations
	<input type="checkbox"/> Charges to Ledger 9 Trust Funds	<input type="checkbox"/> Charges to General Public

Source of Receipts (Percentage)

% From On-Campus Receipt Sources: ▼

% From Off-Campus Receipt Sources: ▼

Use of University Resources To Support The Sales Activity:

List all University employees (professional and support staff) whose efforts directly benefit this activity that are paid from other funds, the estimated time that the employee will spend toward the activity, and the project ID paying for the employee's t

Employee Name:	Title	% of Time	Project ID Paid From:

If equipment, supplies, travel reimbursements or other direct operating expenses will be provided by other project ids for this trust fund, list the project id(s) and estimated amounts:

Explain how the project ids incurring these expenses will be reimbursed and the frequency of those reimbursements:

Projected Costs of Activities: (Please select an option from the drop-down box)

▼

	First Year	Second Year	Third Year
Salaries			
Fringes Benefits			
Contract Services			
Travel			
Purchases for Resale			
Supplies, Postage, Printing			
Utilities			

Rent/Leases			
Equipment Purchases			
Student Grants			
Total Expenses	-	-	-

Unrelated Business Income Tax Questionnaire:	
Sales Activity is engaged/conducted on the following cyclical basis:	▼
A. Tax Exempt Purpose: (Check applicable items)	
<input type="checkbox"/> The performance of this activity lessens the burden of government.	
<input type="checkbox"/> Services provided are technically advanced, unique or otherwise unavailable from other business entities in the State.	
<input type="checkbox"/> Services / activities are conducted for the convenience of students, faculty, staff, and/or patients only.	
<input type="checkbox"/> The sale of goods/services by this activity assist the University in it's instruction, extension, research or public service programs.	
<input type="checkbox"/> This activity operates on a cost reimbursement basis except for cash reserves needed for working capital / replacement of equipment / or other future needs.	
<input type="checkbox"/> All expenditures for this activity will benefit the purpose for which the trust fund is created.	
<input type="checkbox"/> Students will be involved with this activity.	
B. Research: (Check applicable items)	
<input type="checkbox"/> Research is being conducted for commercial or industrial application (applied research) and will be able to be used by the University in its research endeavors.	
<input type="checkbox"/> Research being performed is for other governments, educational and/or not-for-profit organizations.	
<input type="checkbox"/> Fundamental research conducted to satisfy human curiosity (having only incidental commercial application), will use standard procedures and post intellectual questions.	
<input type="checkbox"/> This activity involves research performed under a clinical trial or product testing agreement.	
<input type="checkbox"/> This activity is for ordinary testing or inspection of materials or products and/or the designing or construction of equipment, buildings, etc.	
C. Miscellaneous Items: (Check applicable items)	
<input type="checkbox"/> Activity generates rental revenue from a combination of real and personal property. Describe and list the expected percentages of each:	
<input type="checkbox"/> Activity includes services such as maintenance, security, janitorial, parking, etc in the rent/lease agreements. Describe and attached a copy of the rental / lease agreement:	
<input type="checkbox"/> Activity sells excess computer time to off-campus users. Describe:	
<input type="checkbox"/> Activity includes advertising or corporate sponsorship. Describe the contract and whether there is a call to action to buy from the contributor: Provide a copy of contracts.	
<input type="checkbox"/> Activity involves a joint venture or partnership with a taxable organization. Describe and attach a copy of the venture or partnership agreement:	
<input type="checkbox"/> Activity provides personal benefits to key employees. List key employees and describe the personal benefits provided:	

SIGNATURE		
If this is to be sent via e-mail, please type in the signature information below and forward the e-mail correspondence from the requestor and the approver (including their e-mail addresses) to the University Controller's Office with this Form.		
Prepared By:	Title:	Campus Phone: