



Sam Houston State University

MEMBER THE TEXAS STATE UNIVERSITY SYSTEM

Office of the Controller Auxiliary Fund Request Questionnaire

1. What is the name of the organization requesting an auxiliary fund?

2. Is the activity self-supporting?

Yes: Continue

No: This is not an auxiliary

3. Are students eligible to receive credit toward graduation for this program?

No: Continue

Yes: This is not an auxiliary

4. Does the activity provide non-instructional goods or services to students, faculty or staff and ongoing operations to other SHSU Departments?

Yes: Continue

No: This is not an auxiliary

5. Please list goods and/or services provided.

6. Does the activity/program charge a fee that is at least equal to the full direct and indirect cost of providing said goods and/or services?

Yes: Continue

No: This is not an auxiliary

7. Will the general public be served incidentally by this enterprise: **(While this is not a requirement, it lends itself to correctly establishing whether or not the activity/program is an auxiliary)?**

Yes

No

Please list a contact if there are additional questions:

Name: _____

Phone number: _____

Email: _____

Please route this form with the standard fund/org request form to:

Controller's Office Attn: Lisa Lucas

Box 2183 Thomason 201

Phone: 936-294-2552

Fax: 936-294-3054

Please direct any questions to Lisa Lucas in the Controller's Office.