| Mandatory Fee Request Form |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
| Institution Name: | Georgia Institute of Technology |  |  |  |
| Preparer/Contact Information: |  |  |  |  |
| Section I |  |  |  |  |
| Name of Fee: | Health Fee - Spring/Fall | PPV Fee? | No |  |
| Type of Fee: | Health | If PPV, Project code(s) \& Project name(s): | No |  |
| New fee or existing fee? | Existing | Department Code(s): | 548 |  |
| Fund Code: | 12240 | Revenue Account Code(s): | 406100, 406104, 406106, | 406107, 406108 |
| Current Fee Amount | Incremental Increase Request | Requested | Amount | Requested \% Increase |
| \$ 160 | \$ 5 | \$ | 165 | 3\% |
| Current Budgeted Fee Revenue | Projected Fee Instances | Projected Incremental Rev | Increase at Requested | Total Projected Revenue at Requested Level |
| \$ 7,187,219 | 48,594 | \$ | 227,174 | \$ 7,544,659 |
| What is the purpose/use of this fee? Has the purpose of the fee changes since last fiscal year? (You should be as detailed as possible. Attach additional documentation as necessary) |  |  |  |  |
| Please see attached narrative |  |  |  |  |
| How will the incremental revenue be used? (You should be as specific as possible. Attach additional documentation as necessary) |  |  |  |  |
| Please see attached narrative |  |  |  |  |
| Section II |  |  |  |  |
| Financial Data: Please complete the Financial Data Sheets and the Detail of Revenue Sheets for this Fee. The financial data must be completed even if no fee increase is being requested. (Total Revenues and Total Expenditures will update automatically when Financial Data sheet is completed) |  |  |  |  |
| As of June 30, 2016 | Total Revenues | Total Expenditures |  | \% of Revenue Expended |
|  | \$ 9,511,746.00 | \$ | 9,214,350.00 | 97\% |
| Provide explanation if \% of revenue expended is less than $80 \%$ OR greater than 100\% |  |  |  |  |
| Available Fund Balance Information as of June 30, 2016 |  |  |  |  |
| \$ 2,020,976.00 | Fund Balance per General Ledger |  |  |  |
| \$ 82,841.00 | Encumbered funds as of June 30, 2016 |  |  |  |
| \$ 755,979.00 | Reserved for Renewals and Replacements as of June 30, 2016 |  |  |  |
| \$ 1,182,156.00 | Available Fund Balance as of June 30, 2016 (Negative amount represents a deficit) |  |  |  |
| Provide explanations for planned uses of available Fund Balance or, if deficit, provide planned actions for reducing deficit: |  |  |  |  |
| Planned uses include IT upgrades and replacements, medical and radiology equipment replacement totaling more than \$1M between FY2018 and FY2025. |  |  |  |  |



The current Business Plan indicates Health Services will use its reserve funds to cover deficits in operational expenses. The use of reserve funds as a short term strategy is feasilble but because deficits are projected for each of the next 5 fiscal years, Health Services must develop a long term plan to increase revenue. Since our major source of revenue is the Health Fee, increases to the fee are needed to sustain high levels of service, acquire leading technologies and advance programming, all of which include increases in operating expenses. An increase in fee is needed to cover the expansion of critical health services.



NOTES:

1) If you have a different fee level for different types of participants, please list each category separately (i.e. if you charge a lesser fee for students in less than full time credit hour categories).
