

SALISBURY UNIVERSITY

UNRELATED BUSINESS INCOME  
SUMMARY ACKNOWLEDGEMENT OF SCHOOL DEAN/DEPARTMENT HEAD

*July 1, 2014 – June 30, 2015*

RETURN TO RHONDA LIVINGSTON, BUDGET OFFICER, HOLLOWAY HALL RM 217  
BY FEBRUARY 12, 2016

SCHOOL/DEPARTMENT/CENTER NAME:

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- A. \_\_\_\_\_ My School/Department/Center has **NO** income or revenue generating activities. I have fully reviewed the financial accounts, completed the first 2 pages of the UBI Survey & Questionnaire and attest to this statement.
- B. \_\_\_\_\_ My School/Department/Center does receive income or revenue, and has determined that it **does NOT pertain to unrelated business activities**. I have fully read the attached information and criteria and can attest to this statement for all revenue generating or producing activities in my department. We have completed the UBI Survey & Acknowledgment to the best of our knowledge.
- C. \_\_\_\_\_ My School/Department/Center **does receive income or revenue from UBI** (Unrelated Business Income) activities. I have fully read the attached information and criteria and can attest to this statement for the revenue generating or producing activities in my department. We have completed the UBI Survey & Acknowledgment to the best of our knowledge.

\_\_\_\_\_  
Print Name of Approving Authority, Title

\_\_\_\_\_  
Dean/Department Head Signature, Date

\_\_\_\_\_  
Print Name of Primary Contact, Title

\_\_\_\_\_  
Primary Contact Signature, Date

\_\_\_\_\_  
Primary Contact Phone Number/Email