

## OSU Extension State Program Fees Transmittal Form

rev 3/1/06

Submit this form when local program expenses include State Program Fees.

For more information about this form and Cost Recovery visit the Website <http://www.ag.ohio-state.edu/cost/index.html> (includes completed examples of this form.)

**Send transmittal form and payment to:** Business Office, 2120 Fyffe Road, Ag Admin Bldg Room 4, Columbus, OH 43210.

**Direct questions** about payments and funds to: Cindy Tschanen, Asst Business Manager [Tschanen.3@osu.edu](mailto:Tschanen.3@osu.edu)

<b>1. Date</b>	<b>2. County/Unit</b>	<b>3. Phone</b>
<b>4. Contact person (fiscal)</b>		<b>5. Email</b>
<b>6. Payment form:</b> Check enclosed _____		
Transfer Payment From	ORG:	FUND
		USERDEF
		PROG
		PROJ

### State Program Fees by Program Area

Include State Program Fees when developing a budget for a program. On the appropriate line, insert the Number of groups or participants being charged the fee and the total amount will be calculated and appear in the Total Column. This amount should be placed on Line 12 of the Local Program Expenses Transmittal Form.

Code	Type of Fee	Amount of Fee (90% to program area; 10% to adm)	Multiply by	# of participants, groups, or hours	Total (Cols B X C)
4-H		Column B	X	Column C	
4-H1	4-H Special emphasis group	\$10 per group	x		0
4-H2	4-H School Enrichment group	\$10 per group	x		0
4-H3	CarTeens	\$5 per participant	x		0
4-H4	State Program (specify)	\$5 per participant	x		0
	Other	tbd	x		0

### FCS Please send extra copy of this form to the FCS office - Fax 614-292-0058

**Educator Name:**

FCS4	ServSafe - manager	\$10 per participant			0
FCS5	ServSafe - employee	\$5 per participant	x		0
FCS6	Occasional Quantity Cook	\$5 per participant	x		0
FCS7	New \$tart - Financial Program	\$5 per participant	x		0
FCS8	Other	tbd	x		0

### ANR

ANR1	Public Good	tbd	x		0
ANR2	Targeted Public Good	tbd	x		0
ANR3	Private Good	tbd	x		0
ANR4	Private One-to-one Consulting	tbd	x		0
ANR5	Pesticide Applicator's Training - Private #	\$3 per participant hour	x		0
ANR6	Pesticide Applicator's Training - Commercial #	\$5 per participant hour	x		0
	Other		X		0

### Com-Dev

CD1	Private Good (see CD guidelines)	Travel & Materials	x		0
	Other		x		0

### Other

OT1	To be determined	tbd	x		0
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**Total State Program Fees to be Submitted**

0

# For more information on Pesticide Applicator Training fees (number of required hours, etc.) refer to the PAT materials.