FEE REQUEST FORM - Part 1 of 3

Fee Category: ☒ Category IV (Misc. campus fees) ☐ Category V (Self support program fees)

In accordance with the provisions of the California State University (CSU) Executive Order 1102, the President is delegated the authority for the establishment, oversight and adjustment of Category IV and V fees. To facilitate this process, please provide the information requested below.

Required documents for submission of proposal:
Part 1 - Fee Request Form for appropriate fee category, signed by Requestor, Dean/Director and the divisional Vice President
Part 2 - Fee Request Narrative
Part 3 - Financial Data Sheet

I. Request to: ☒ ESTABLISH a Campus Fee ☐ ADJUST a Campus Fee

II. Fee Type:
   (Check each applicable box) ☐ Student Fee ☒ Non-Student Fee

III. Name of Fee: Group Baseline Concussion Testing

IV. Current Fee: $ per
   Proposed Fee: $15 per test for Community member (group setting)

V. Proposed Effective Date: Fall 2018

Routing Order:

1. Submitted by: Justus Ortega
   Dept. Representative Name
   Signature
   Date
   Phone

2. Approved by: Manohar Singh
   Dean / Director Name
   Signature
   Date
   Phone

3. Approved by: Dr. Alex Enyedi
   Vice President Name
   Signature
   Date
   Phone

4. Reviewed By: Sandra Wieckowski
   Manager, Student Financial Services
   Signature
   Date
   Phone

5. Approved By: Lisa A. Rossbacher
   President
   Signature
   Date
   Phone

☒ Fee Approved ☐ Fee Denied

Comments from the President (if needed):

Additional comments from other reviewers:

6. Form with President’s signature sent to Manager, Student Financial Services. For questions regarding fees proposal, call Sandra Wieckowski, 826-4937.

SEP 1 2 2018
1. Clearly list all assumptions used when creating this proposal.

Assumes HSU faculty, staff and student baseline tests are covered by funding within HSU, and thus this fee only pertains to community members. Assume this fee is ONLY for Group Baseline Testing and NOT testing performed privately on individuals.

2. Clearly state the expenditures that will be funded by this proposed revenue source.

This fee will pay for a small portion of ..., salary and benefits of NCCP service coordinator, wages of paid graduate student assistant, cost of ImPACT software tests, some office supplies and written educational materials.

3. Clearly state the reason(s) why this fee or fee increase is necessary (include references to executive orders, CA law, etc.)

This fee is needed in order to provide a service currently not offered to individuals (Group baseline concussion testing). Currently, individuals would either sign up/pay for private individual baseline test ($25) or have to be a member of an existing Team/group. This new service will allow these individuals to received testing by joining one of our “Group Testing” dates. Since we would be testing these individuals is the same way as we would test an existing team/group we are able to offer this service at a more at a reasonable cost of $15. We believe this will allow the NCCP to serve a greater portion of the North Coast community, particularly youth athletes.

4. Clearly articulate why the level of fee proposed is the appropriate amount to charge.

Current "Concussion Testing" Fee is $25. This covers only private, individual appointments. This new Group Baseline Concussion Testing fee is $10 cheaper ($15) because we can provide the service to multiple individual at once. However, it is only $10 cheaper because the cost of each ImPACT Test (software) does not change despite the group setting.

5. Time line Information:

Service will be offered as soon as fee is approved.
Name of Fee: Group Baseline Concussion Testing

<table>
<thead>
<tr>
<th>Year</th>
<th>Current Fee</th>
<th>Proposed fee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Year 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>15</td>
</tr>
</tbody>
</table>

Current # of participants: 50
Estimated # of participants that will be assessed this fee: 100

<table>
<thead>
<tr>
<th>Fiscal year</th>
<th>2018-19</th>
<th>2019-20</th>
<th>2020-21</th>
</tr>
</thead>
</table>
| Fee Adjustment Proposal: Enter ONE complete year of historical actual revenue and expenditure data and TWO years of prospective data. New Fee Proposal: Enter THREE years of prospective revenue and expenditure data.

Fee Revenue Type:

<table>
<thead>
<tr>
<th>Group Baseline Concussion Testing</th>
<th>750</th>
<th>1,500</th>
<th>2,250</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Revenue: $</td>
<td>750</td>
<td>1,500</td>
<td>2,250</td>
</tr>
</tbody>
</table>

Expenditure Type: (List typical categories of expenditure costs that the fee proposed will cover - salaries, travel, supplies, rental of meeting room, etc.)

<table>
<thead>
<tr>
<th>Salaries</th>
<th>600</th>
<th>1,200</th>
<th>1,800</th>
</tr>
</thead>
<tbody>
<tr>
<td>ImPACT Baseline Test (software)</td>
<td>100</td>
<td>200</td>
<td>300</td>
</tr>
<tr>
<td>Supplies (office supplies, printing, etc.)</td>
<td>50</td>
<td>100</td>
<td>150</td>
</tr>
</tbody>
</table>

Total Expenditures: $750, 1,500, 2,250

Net (Revenue minus Expenditures) $0, 0, 0

Please note below the chartfield string where the existing revenue fee and actual expenditures are recorded for this program.

<table>
<thead>
<tr>
<th>FUND</th>
<th>DEPT ID</th>
<th>PROGRAM</th>
<th>CLASS</th>
<th>PROJECT</th>
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</thead>
<tbody>
<tr>
<td>HM500</td>
<td>D20064</td>
<td>R5068</td>
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<td></td>
</tr>
</tbody>
</table>

Form updated: 05/11/16
Appendix 1

**Group Baseline Concussion Testing**

**Description:** For the Group Baseline Concussion Testing, individuals come to one of the NCCP prearranged group testing dates/times. The service/test that is administered is the ImPACT Concussion test. ImPACT is a computerized neurocognitive test that measures verbal memory, visual memory, and reaction time, among other things. The test serves as a diagnostic tool in the management of concussions. The Group Baseline Concussion Testing is typically given prior to start of athletic season to all athletes at risk of concussion but is available to all community members and at any time. This service includes 1) demographics and applicable health history 2) self-paced computerized neurocognitive test (~30 min), and 3) education regarding concussion injury (~20 min).

**Service Provider:** Concussion Program staff including coordinator, graduate and undergraduate kinesiology students.

**Relevant characteristics of services:**
- Clients are not a part of a class.
- Service does not compete with services provided by community businesses
- Service provides hands-on experience for undergraduate and graduate students and thus, is directly aligned with the student learning outcomes of the Department of Kinesiology.
- This service is performed in group setting and not as an private appoint (see existing Concussion Test Fee)

**Justification for Fee:** Fee offsets portion of cost of providing the services, including:
- 1 – 1.5 hours per test of staff time
- Permanent equipment use (ImPACT software license, computers)
- Price for “Group Baseline Concussion Testing” is cheaper than existing “Concussion Testing” (Private Appointment for baseline test) in that the test is performed on multiple people at a time and thus can be offered at a reduced fee.

**Risk Management**

Prior to participation, all clients will complete a demographics/medical history questionnaire contained within the test to account for previous head injuries and current symptoms. In addition, clients will complete a “Release of Liability” form prior to participation (approved by risk management director).

There are no health risks associated with the utilization of this service.

**Revenue Collection**

When a community member makes an appointment for Group Baseline Concussion Testing, they will be instructed to pay the fee at the Cashier’s Office or CashNet prior to the appointment. The community member will receive a receipt from the Cashier’s Office/CashNet with a validation of the date paid and amount. They will present the receipt to the Program staff at their appointment. If the appointment is such that there is not sufficient time to pay at the Cashiers prior to the test, the client may pay in the lab via CashNet. Otherwise, a Client may pay by check and a receipt will be given, and the payment will be walked immediately to the Cashier’s Office by staff for deposit. If it is after business hours, the payment will be kept in a safe and transported immediately once business hours resume.