APPLICATION FOR ENROLLMENT IN
FINANCIAL MANAGEMENT COMPANY
FINANCIAL SERVICES PROGRAM

In order to be accepted into the Gamma Phi Beta Facilities Management Company, LLC (FMC) financial services program, the AHC must have annual billed revenue of $400,000 (or greater), meet good standing standards, utilize specified vendors and submit all requested information to the FMC Board of Managers for review and approval.

The following must be current and complete for an affiliated house corporation (AHC) application to be reviewed for the FMC Services Program:

1. Gamma Phi Beta Sorority good standing standards are complete at the time of application.
   a. Current Facility Management Annual Report completed and uploaded in Beta Base (including all attachments: facility rules; sample housing agreement/resident members; sample affiliation agreement/non-resident members; and sample new member agreement).
   b. AHC Leadership Roster up to date in Beta Base.
   c. Current AHC IRS Form 990, AHC Articles of Incorporation and current AHC bylaws uploaded in Beta Base.
   d. Current Beta Base AHC Financial Statement paid in full (annual Technology and Publications Fee, quarterly Billhighway Fees, if applicable, etc.).
2. Utilize Billhighway for both accounts receivable and accounts payable needs.
3. Utilize Tilson HR for payroll and human resource needs.

Please provide the following information for the FMC Board of Managers to review:

1. Who will be the primary contact for on-boarding with the financial services program? Please provide contact information.

2. Is facility at capacity for the academic year? If not, why
3. What is chapter size and resident numbers for last three years?
   a. Year _______ Chapter Size_______ # of Residents_______
   b. Year _______ Chapter Size_______ # of Residents_______
   c. Year _______ Chapter Size_______ # of Residents_______

4. What is the AHC’s empty bed fee policy when the house is below capacity due to abroad status, the chapter’s inability to fill it to capacity, etc.? Does the AHC bill the empty bed fees back to the chapter? If not, why?

5. Describe the relationship between the AHC and chapter. Are there open lines of communication? Are expectations communicated? Do the five ex-officio chapter officers and advisors attend AHC meetings?

6. Describe the condition of the chapter facility. Is it well maintained; list necessary improvements.

7. Does the AHC analyze their current fee structure on a regular basis? Are the AHC fees competitive and in-line with campus norms? Does the AHC increase fees each year based on cost of living increases

8. What is the AHC’s past due/outstanding facility fee policy with the chapter? Do the AHC treasurer and chapter financial vice president collaborate on these issues? Does the chapter follow the Collegiate Operations Manual (COM) when dealing with member delinquencies?

If AHC is not currently utilizing Billhighway, please also submit the following financial information:

1. List of all AHC fixed assets accounts, including accumulated depreciation with method of depreciation identified. These should match the IRS Form 990.

2. Copies of most current bank statements for all AHC cash accounts (checking, savings, investment, housing security/key deposit and local facilities fee accounts). All AHC cash accounts will be transferred to the AHC’s Billhighway accounts and overseen by FMC professional staff.


4. Copy of AHC current member-aging reports and bad debt.

5. What is the AHC’s collection rate percentage of all facility fees?
After the FMC Board of Managers has confirmed an AHC as a participant in the FMC Services Program, a copy of the FMC Financial Services Agreement will be sent to the AHC president for review and signature. A $2,500 one-time setup fee is required upon acceptance.

PARTICIPANT:

_________________________________________________________ AHC

_________________________________________________________ University

By: ___________________________________________________________________________
Title: Corporation President

By: ___________________________________________________________________________
Title: Corporation Treasurer