**Establish an Auxiliary Operation and**

**Recharge Rate Request Summary**

|  |
| --- |
| **PRIMARY CONTACT INFORMATION (person responsible for re-charge center):** |
| Name |  |
| Phone Number |  |
| Email |  |
| Campus Address |  |
| College Name or Division |  |
| Department Name |  |
| Dean / Director |  |
| Business Manager / Financial Manager |  |

**Name of Re-charge Center:**

 **Is this request for a product or service?:**

**Provide a “detailed” explanation of the product or service?**

**What measurable unit of output will be used?**

**What is the primary customer base for the product or service? Please provide an estimate of how many customers you anticipate both internally \_\_\_\_\_ and externally \_\_\_\_\_:**

Internal (University) Customers? Yes \_\_\_\_\_ No \_\_\_\_\_

Will charges be applied to a Federal or Federal-Flow through grant? Yes or No

 If External (Industry) Customers, please list:

**Are there similar products or services available in the area that could meet the needs of this customer base? Please explain. Please note, that if “local” (within the Palm Beach area) products or services are available, then market prices will need to be provided for comparison.**

**What is the estimated revenue you anticipate to generate internally, externally and in total based upon a start date of July 1 and end date June 30?**

|  |
| --- |
| **Service Center Rate Computation** |
| **PERSONNEL** |
| **Name** | **Role** | **Category** | **Salary** | **Fringe** | **Total** |
|   |   |   |   |   |  |
|   |   |   |   |   |  |
|   |   |   |   |   |  |
|   |   |   |   |   |  |
| Subtotal - Personnel |  |
| **SUPPLIES** |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
| Subtotal - Supplies |  |
| **TRAVEL** |
|   |  |
|   |  |
| Subtotal - Travel |  |
| **EQUIPMENT** |
|   |  |
|   |  |
|   |  |
| Subtotal - Equipment |  |
| **OTHER EXPENSES** |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
| Subtotal - Other Expenses |  |
| Total Direct Cost |  |
| Unit(s) of Measure |  |
| Cost per Unit of Measure (Re-charge Rate) |  |

**SmartTag that identifies where these costs are incurred:**

Fund \_\_\_\_\_\_\_\_\_\_ SmartTag \_\_\_\_\_\_\_\_\_\_\_\_

 Department \_\_\_\_\_\_\_\_\_\_ Program \_\_\_\_\_\_\_\_\_\_\_\_

**SmartTag for non-reimbursable costs or overdraft funding (collateral):**

Fund \_\_\_\_\_\_\_\_\_\_ SmartTag \_\_\_\_\_\_\_\_\_\_\_\_

 Department \_\_\_\_\_\_\_\_\_\_ Program \_\_\_\_\_\_\_\_\_\_\_\_

 Note: Your department must be a fund type other than fund type GTAIDS

**Signature and statement of responsibility:**

***I understand and agree that I am responsible for recording the costs and associated rebilling credits in this account, and will pursue rate adjustments in a timely manner to address any surplus or deficit.***

**Department Head or Director**: **Individual responsible for the Financial Management of the Service Unit**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please Print Name & Title Please Print Name & Title*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature & Date Signature & Date*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Email*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Telephone Number*

***Please return to:***

***University Budget Office***

***Administration Building Rm. 212***