The University of Memphis  
Service Center Application/Renewal Form  

1. What are the projected annual operating expenditures? $______________________________  

2. Justification- Please provide an explanation as to why other internal or external providers of these services are not being used:  
______________________________________________________________________________  
______________________________________________________________________________  
______________________________________________________________________________  
______________________________________________________________________________  

Service Center:  

3. Are annual charges in excess of $50,000? Y N  
4. Are annual charges greater than $10,000 to federal awards? Y N  

If yes, how much? ________________________________  

5. Do you provide a good or service for which a fee is charged to recover the cost of providing the good or service? Y N  

Specialized Service Facility:  

6. Are direct operating costs over $1 million AND direct charges at least $250,000 to federal grants? Y N  
7. Is a “specialized” service or function provided? Y N  
8. Are services or goods sold to federal grants? Y N  

If you have answered yes to any questions above, then proceed to request a Service Center.  

9. What products, service, and/or use of equipment do are provided?  
______________________________________________________________________________  

10. To whom do you provide these goods or services?  

   a. Just my department- Y N _______________ %  
   b. Other university departments - Y N _______________ %  
   c. Federal grants- Y N _______________ %  
   d. Private or non-university users- Y N _______________ %  

11. If “b” or “c” is checked on question 10 above, are rates adjusted annually? Y N  

12. At the end of the fiscal year, do you typically:  

    ________ Break Even    ________ Make a Profit    ________ Take a Loss  

13. How often are rates adjusted? __________________________________________________________________________
14. Are fees waived or discounted for any department, group, etc?

______________________________________________________________________________

15. Are the same fees charged for all users?

______ Same fee charged to all users   ________ Different fees charged to different users

16. Check all items considered when setting billing rates:

______ Personnel expenses   ________ Materials and Supplies

______ Adjustment for profit or loss   ________ Equipment depreciation

______ Adjustment for imputed revenue when rate was subsidized, waived, or discounted

______ Other. please specify___________________________________________________________

17. Attach a list of equipment used in the Service Center.

18. Does an equipment replacement reserve account exist?  

  Y   N

  If “Yes”, please list R&R Fund _________________________________

19. Please describe the space for which the service will be provided. Be sure to list all building and rooms used.

______________________________________________________________________________

20. Provide a detailed description of products and/or services to be provided:

______________________________________________________________________________

21. Describe the potential users of the Service Center. (e.g. – specific departments, sponsored projects, external users, etc.)

______________________________________________________________________________

22. Attach a detailed budget of all annual costs associated with the Service Center and rates to be charged (See Rate Development Worksheet).
23. Describe the usage base, or level of activity, to be used in the rate calculation (i.e. – labor hours, units processed, etc.) and the estimated level of activity for the budget period.

24. Service Center Responsibility

Approval Signatures/Acceptance of operating and financial responsibility:

Service Center Name: _________________________________________________________________

Affiliated Department: ___________________________________________________________________

Service Center Manager

Signature Date

______________________________

Printed Name Email/Phone

Dean/Director

Signature Date

______________________________

Printed Name Email/Phone

Financial Reporting

Signature Date

______________________________

Printed Name Email/Phone

For Accounting Use Only:

Fund ____________ Organization ______________ Program ______________

Index ______________ Account _______________ Activity _______________