

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 _____