

Service Center Name: _____	Fiscal Year: _____
School/Department: _____	
Service Center Manager: _____	Financial Manager: _____

1. Is this good or service available anywhere else on campus? Yes No

2. Will this be a long-term operation (longer than 12 months)? Yes No

3. Please provide the purpose of the service center and how it will benefit the GA Tech community

4. Please provide a brief description of each proposed service of the Center

5. What units of measure will be used as a billing base (hour, day, procedure, mileage, etc.)?

6. Who will be your customers (e.g. Federal Awards, Students/Faculty, External Industry users)?

7. Will all users be charged the same rate? Yes No

If no, please explain why?

8. Service Center annual recoveries (revenues) should typically be sufficient to fund the annual operating costs of the center. Do you anticipate that the center will be able to fund operating expenses from the amounts collected from users? Yes No

If no, please explain how the shortfall will be funded from departmental resources and the duration of the departmental support, include the project number(s) the shortfall will be supported from.

Service Center Rate Study Request

9. Describe how records of usage will be accumulated and maintained?
 10. How many units of measure will be processed during the current fiscal year?
 11. How many units of measure do you anticipate billing to each customer group?
 12. What are the estimated/anticipated billings to federal awards (including federal flow-through funds)?
 13. What are the proposed charge rate(s) for this service center?
 14. Please list any personnel data that should be included in the rate calculations
(Name, salary, employee ID, percent allocation) attach a separate sheet if necessary.
 15. Please list all non-computer equipment that will be used in the center.
(Include tag number, location, purchase date, purchase price) attach a separate sheet if necessary.
 16. Please list all computer equipment that will be used in the center.
(Include tag number, location purchase date, purchase price) attach a separate sheet if necessary.
 17. Please list the location of the service center. Buildings and Room numbers
(Include offices, storage areas, as well as main facility) attach a separate sheet if necessary.
- * Please attach an estimated budget presenting the operational costs of the center that should be recovered in whole or part from service center revenues (e.g. salaries & fringe, materials & supplies, travel, repairs and maintenance, etc.).

Service Center Rate Study Request

Service Center Contact Information:

Service Center Manager Name (Or other Program Contact): _____

E-mail: _____ Phone #: _____

Financial Manager (Financial Contact): _____

Signature: _____

E-mail: _____ Phone #: _____

* Service Centers require additional administrative and financial oversight by the department's finance office. These activities include separate accounting for expenses and recoveries and precise tracking of utilization for charge-out purposes. By signing as the financial officer you agree to perform these additional duties according to institute policy.

School or Department Head Approval:

Name (Printed): _____

Signature: _____ Date: _____

Next Level Approval – Dean’s Office or EVPR Office:

Name (Printed): _____

Signature: _____ Date: _____

* **This form is solely to authorize development of service center rates.**
A new service enter is not authorized to begin operations until an approved rate study has been signed and an approval memo has been received from Grants and Contracts Accounting.