**Georgia Institute of Technology**

# Service/Recharge Center Request & Approval Form

**Form Instructions:**

The "Service/Recharge Center Request & Approval Form" must be completed and approved by the appropriate School or Department head and the appropriate College or institute level officer prior to being submitted to Grants & Contracts Accounting (MC 0259 or gc.ask@business.gatech.edu) for consideration. Service/Recharge center rates may only be established or renewed after the above basic requirements have been met, documented, and properly approved.

1. Name of Service/Recharge Center_____

2. Georgia Tech College and School/Department_____

3. Brief description of each proposed service of the Center

4. Are charges going to be made to anyone other than Institute Departments? ○Yes ○No

If yes, please list some examples.

5. Do you anticipate any charges to federal fund sources or projects (including federal flow-through funds from other entities)? ○Yes ○No

6. Service Center annual recoveries (revenues) should typically be sufficient to fund the annual operating costs of the center. Operating costs include salaries, fringe benefits, supplies, equipment maintenance, equipment replacement, building depreciation, and building operations and maintenance expenses (including utilities). Do you anticipate that the center will be able to fund these ongoing 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 which project number(s) the shortfall will be supported from.

*Please attach a one page estimated budget representing the operational costs of the center that are to be recovered in whole or part from center revenues.

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7. 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. Is your department equipped to manage the additional accounting and reporting requirements of the Center? ○Yes ○No

If yes, please explain.

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**Center Contact Information:**

Center Director Name (Or other Program Contact): _____

E-mail:_____ Phone #: _____

Financial Officer (Financial Contact): _____

Signature: _____

E-mail:_____ Phone #: _____

**School or Department Head Approval:**

Name (Printed):_____

Signature: _____ Date:_____

**Next Level Approval – Dean's Office or EVPR Office:**

Name (Printed):_____

Signature: _____ Date:_____

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**For Office Use Only**

**Grants & Contracts Approval:**_____ **Date:** _____

**CC: Office of Sponsored Programs**