



New Recharge Operation Request Form

Recharge Operation Name: _____
Requested By: _____
Exec Level # / Department #: _____ / _____
Phone Number: _____
Email: _____

Operations Management

Recharge Operation Manager: _____
Title: _____
Phone Number: _____
Email: _____

Financial Management

Financial Administrator: _____
Title: _____
Phone Number: _____
Email: _____

Fiscal Year the Recharge is Expected to Begin Operations:

Describe the purpose and nature of the proposed recharge operation and the services provided. Confirm that the service is identifiable, regular and continuing, specialized and there is a need by multiple departments/activities/projects to warrant setting up a recharge. Provide information on the measurable unit of output for each service and confirm that actual usage can be measured for each user.

Provide justification for the goods/services provided (ex. convenience, cost, control, lack of providers).

Provide information as to whether this service or similar service is available elsewhere either within the University or outside the University. This should include the pricing of the service from other providers. If the recharge operation cannot provide the service at a comparable cost, describe the benefit to the University for providing this service in this recharge operation as opposed to procuring the service from the outside vendor.

Provide information on the anticipated volume of service over the next five years. Include estimated annual expenses and revenues, anticipated customer type and number (internal vs external) and funding source (federal vs. non-federal). *Please provide estimated % to be charged to grants/contracts.* If the estimated charges to grants/contracts is minimal, please explain the reason for setting up a recharge rather than funding the cost of the service by the division/department or centrally.

As the initial volume of the recharge operation may not be sufficient to cover the start-up and operational expenses incurred, identify the sources of funding for the start-up costs and in particular the funding for any initial equipment purchases. *Please provide account number(s).*

Provide a description of the space the recharge operation will require and whether this will exist in space already assigned to the unit or if new space is required. If the space has already been identified, *please note the location (building/room(s)).*

Identify where recharge operation rates will be published for the public (ex. provide website link).

Describe the billing procedures, including the identification of any billing systems to be used, how users will submit requests for goods/services, the entries recorded in the University accounting system to reflect completed services, how users will receive their invoice (i.e., upon request, from a system, attached within ACCTS, etc.), what information will be included on invoice and how records of usage will be accumulated and maintained¹.

If the recharge operation ceases operations, who will be responsible for funding any remaining deficit balance? *Please provide account number(s).*

Is the recharge operation likely to receive subsidy funds? If so, from where? What costs will be subsidized? Who will fund unallowable expenses? *Please provide account number(s).*

¹ The Recharge operation is responsible for billing only incurred charges; therefore, it is imperative that the recharge operation have mechanisms in place to accurately capture usage and those associated records be maintained in accordance with University record retention policy.

Identify the types of customers to be served by the recharge operation (check all that apply):

University of Chicago departments – federal grants and contracts

University of Chicago departments – non-federal grants and contracts

University of Chicago departments - other non-grant/contract funds

External affiliated institutions

All other external – general public, corporations, non-profits, etc.

Other not shown above _____

Will the recharge operation be charged rent?

Yes

No

Will the recharge operation charge depreciation associated to capital equipment in the rates?

Yes

No

This form, as well as a completed rate calculation spreadsheet, should be routed to the following for authorization/signature prior to the set-up of a new recharge operation by Financial Services.

Department Chair: _____

Dean or Dean's Office designee: _____

Financial Services: _____