REQUEST TO ESTABLISH AN AUXILIARY OPERATION

Please return to the Budget Office (Fax: 4-9522, Email: mmills.3@admin.fsu.edu, or MC: 1360)

To be considered for approval as an auxiliary operation, a proposed activity must:

1. clearly support the University’s mission of instruction, research, and public service,
2. be an ongoing activity (not time limited), and
3. generate revenues exceeding $10,000 annually. (Note: Certain activities such as Materials and Supplies Fees may generate less than $10,000.)

If the above requirements are met, both the Request to Establish an Auxiliary Operation Form (including a rate schedule and detailed rate methodology) and the FSU Department ID Form should be completed and submitted to the Budget Office for review and approval by the parties listed on page 4. Once the auxiliary request has been approved, the Budget Office will notify the auxiliary department, and operations may commence.

Responses below should match those provided on the FSU Department ID Form:

Department Title (30 characters): Wellness Center Rental

Dean/Director/Department Head/Chair (DDDHC): Lesley Sacher

Budget Manager: Scott Otte
Phone Number: 645-6992
Contact Person for this request: Scott Otte

Please sign to indicate that you have reviewed Florida State University’s Auxiliary Policy (available at http://policies.vpfa.fsu.edu/bmanual/budget.html), and that the information provided in this request is complete and accurate to the best of your knowledge.

Lesley Sacher

DDDHC

Date

Scott Otte
Budget Manager

Date

To be completed by the Budget Office:

Enterprise Auxiliary
Materials & Supplies Fees
Sales and Services of Educational Activities
Other
Sales and Services of Non-Educational Activities

OH Assessment %: 100
Approved By: [Signature]
Date: 10-21

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Request for Auxiliary Operation – Questionnaire

For questions, call the Budget Office at 644-4203.

Please attach proposed rates and a detailed and auditable rate methodology. If additional space is needed to answer any of the questions below, please include an attachment. Requests for online courses must be coordinated by Academic & Professional Program Services (APPS). Requestors should contact APPS prior to completing this form.

1. Has the Budget Manager listed on page 1 completed the appropriate FISU training? ☑ Yes ☑ No
   (Visit http://omni-training.msu.edu/ for more information on training opportunities)

2. Indicate the method that will be used for accepting collections: Check, logged and deposited by Health Center, recorded by SRS
   (Example: cash register receipting in X Building, FISU Card Center, IDR)

3. Will this Auxiliary be collecting over $1,000 in cash, checks or credit card charges? ☑ Yes ☑ No
   If so, this activity will need to be approved as a cash collection point.
   (Visit http://untrailer.msu.edu/Treasury-Cash-Management for the cash collection point application or more information)

4. Please write the official Mission Statement or purpose of the Auxiliary.
   To account for rental activity in Health Center. Space available for rent includes Suites 1045, 3200, 3400 and Specialty Clinic Rooms 4235/4237.

5. Indicate the building and room number where the primary operations will occur: Wellness Center, see above for locations.

6. Is the activity currently being performed through another entity? ☑ Yes ☑ No
   If “Yes”, please explain.

7. Will the activity involve E&G support? ☑ Yes ☑ No
   (Example: the use of E&G space, positions, equipment)
   If “Yes”, list the E&G positions or describe the other support in detail.

8. Many proposed auxiliaries are actually contracts that should be under the purview of Sponsored Research Services.
   Have you contacted SRS and ruled out this possibility? ☑ Yes ☑ No
   If “Yes”, with whom did you speak?

9. Do you plan to do business with federally sponsored contracts and grants? ☑ Yes ☑ No
   The U.S. Office of Management and Budget has identified certain costs that may not be charged to federally sponsored contracts and grants, directly or indirectly (including federal flow-thru funding). Auxiliaries should ensure that rates charged to federally sponsored contracts and grants do not include unallowable costs. For more information contact Sponsored Research Services.

10. What is the source and amount of start-up funding for the new auxiliary operation?
   None required.
11. Will this auxiliary pay for any employee positions? ☑ Yes ☐ No
   If "Yes", provide an attachment that shows the following data for each:
   
<table>
<thead>
<tr>
<th>Position Number</th>
<th>Annual Gross Pay or Hourly Rate</th>
<th>PTE</th>
</tr>
</thead>
</table>

   Position Number is only required if an existing position is to be used.

12. Estimate revenue and expense for the initial fiscal year and the next two fiscal years:

<table>
<thead>
<tr>
<th></th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance Forward</td>
<td>$0</td>
<td>$20,000</td>
<td>$64,500</td>
</tr>
<tr>
<td>Add: Revenue</td>
<td>$40,000</td>
<td>$70,000</td>
<td>$75,000</td>
</tr>
<tr>
<td>Add: Transfers In</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash Available</td>
<td>$40,000</td>
<td>$90,000</td>
<td>$139,500</td>
</tr>
<tr>
<td>Deduct: Salary</td>
<td>$7,300</td>
<td>$10,700</td>
<td>$10,700</td>
</tr>
<tr>
<td>Deduct: OPS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deduct: Expense</td>
<td>$12,700</td>
<td>$14,800</td>
<td>$14,800</td>
</tr>
<tr>
<td>Total Operating Expenditures</td>
<td>$20,000</td>
<td>$25,500</td>
<td>$25,500</td>
</tr>
<tr>
<td>Deduct: Transfers Out</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ending Cash Balance</td>
<td>$20,000</td>
<td>$64,500</td>
<td>$114,000</td>
</tr>
</tbody>
</table>

   Cash as a % of Expenditures: 100.00% 252.94% 447.06%

   *Please consider the possibility of an Overhead Allowance (OH-1) charge that will be transferred out beginning in year 3. For more information about the OH-1 and special agreements see http://www.budget.fsu.edu/Auxiliary.

13. Identify the entities to which you will provide sales or services, and the projected percentage of revenue for each:

<table>
<thead>
<tr>
<th>Type of User</th>
<th>Customers</th>
<th>Projected Sales</th>
<th>Percentage of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal</td>
<td>Your own department</td>
<td></td>
<td>0.00%</td>
</tr>
<tr>
<td>C&amp;G within your department</td>
<td></td>
<td></td>
<td>0.00%</td>
</tr>
<tr>
<td>Other FSU departments</td>
<td></td>
<td></td>
<td>0.00%</td>
</tr>
<tr>
<td>C&amp;G from other departments</td>
<td></td>
<td></td>
<td>0.00%</td>
</tr>
<tr>
<td>External</td>
<td>Students</td>
<td></td>
<td>0.00%</td>
</tr>
<tr>
<td>Other State agencies</td>
<td></td>
<td></td>
<td>0.00%</td>
</tr>
<tr>
<td>Other outside Customers</td>
<td></td>
<td>$185,000</td>
<td>1</td>
</tr>
<tr>
<td>Total Revenue</td>
<td></td>
<td>$185,000</td>
<td>100%</td>
</tr>
</tbody>
</table>

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14. In some cases, sales tax should be collected. Will you be collecting tax? ☑ Yes ☐ No

(The Budget Office will obtain the appropriate signatures below.)

Please sign below to indicate you have reviewed and/or approve the information contained within this package.

Michael Duke
Budget Office

N/A
Office of Audit Services

Date

11-5-13
Date

Sponsored Research Services

Date

Office of the Provost

11-6-13
Date

Controller's Office

11-15-13
Date

Auxiliary Service Board

Date

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Establish a New Department ID

Please return to the Budget Office (Fax: 4-9622, E-mail: leggett@admin.fsu.edu, or MC: 1360)

Complete all items. If additional space is needed to answer any of the questions below, please include an attachment. For questions, call the Budget Office at 644-4203.

Department ID you wish to use (6 digits) [237028]
Description (30 characters) [Wellness Center Rental] Short Description (10 characters) [WC Rental]

1. Purpose/Mission of Department

   To account for the Wellness Center's rental activities [Rental]

2. Division

   [Student Affairs]

3. School/College

   [Wellness Center]

4. Area

   [Wellness Center]

5. Signature Authority: There must only be one Dean/Director/Department Head/Chair (DDDHC) and one Budget Manager. OMNI allows for multiple Authorized Signers. The DDDHC is ultimately responsible for the department.

Name

DDDHC [Lesley Sarch] Signature [Signature]
Budget Manager [Scott Otte] Employee ID [28963]
Signer [Tori Sanders] [Signature]
Signer [Lana Allen] [Signature]
Signer

6. Will this department cost share with C&G? [No]

If yes, indicate Project ID

7. Specify fund type to be used with this department ID (check only ONE)

   O LI & G  O C&G  O Auxiliary  O Agency/Suspense  O Student Activities
   O Technology Fee  O Vending  O Athletics  O Loans/Scholarships

8. This activity is related to (check only ONE)

   O Instruction  O Research  O Panama City Branch  O Administrative & General
   O Plant Operations & Maintenance  O College of Medicine  O Libraries
   O Organized Activities Related to Instruction  O Other

9. Which Budgetary Account categories do you plan to use?

   [ ] 710000 - Salary  [ ] 720000 - OPS  [X] 740000 - Expense  [ ] 760000 - OCO  [ ] Other

10. Contact Person for this Request: [Scott Otte] Phone # [645-6592]

Official Budget Office Use Only

Processed By [_________] Date [_________] Approved [_________] Waiver [_________]
Function Class [_________] PCS Code [_________] Multi CIP [_________]
CIP Code [_________] Multi CIP [_________]

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