Establish a New Department ID

Please return to the Budget Office (Fax: 4-9622, Email: budget@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) 202106

Description (30 characters) TMH General Surgery GME Prog
Short Description (10 characters) TMH_GENSUR

1. Purpose/Mission of Department

The auxiliary component of a partnership between FSU College of Medicine and Tallahassee Memorial Hospital (TMH), the TMH General Surgery GME Prog will support faculty physician, resident physician, and program support staff salaries. The general surgery program is planned to follow a five year training model, will be accredited by the American Council on Graduate Medical Education, sponsored by FSU College of Medicine, and located at TMH.

2. Division

Academic Affairs

3. School/College

College of Medicine

4. Area

Office of GME/Finance & Administration

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: Sharon Woodall
Budget Manager: David Wellin
Signer: Sharon Woodall
Signer:

Signature

Employee ID

Sharon Woodall
04256
73001
04256

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)

- [ ] E&G
- [ ] C&G
- [ ] Auxiliary
- [ ] Agency/Suspense
- [ ] Student Activities
- [ ] Technology Fee
- [ ] Vending
- [ ] Athletics
- [ ] Loans/Scholarships

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

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

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

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

10. Contact Person for this Request

David Wellin
Phone # 850-644-8480

Official Budget Office Use Only

Processed By

Date

Approved

Function Class

PCS Code

Waiver

CIP Code

Multi CIP

Multi CIP

BUD-1 Revised 01/2012
REQUEST TO ESTABLISH AN AUXILIARY OPERATION

Please return to the Budget Office (Fax: 4-9622, Email: smills3@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): [MH General Surgery GME FOG]

Dean/Director/Department Head/Chair (DDDHC): [Sharon Woodall]

Budget Manager: [David Welling]

Contact Person for this request: [David Welling] Phone Number: [850-644-8480]

Please sign to indicate that you have reviewed Florida State University's Auxiliary Policy (available at http://policy.svpt.a.edu/bm/annual/budget.html), and that the information provided in this request is complete and accurate to the best of your knowledge.

[Signature] 6/21/13  
DDDHC Date

[Signature] 6/21/2013  
Budget Manager Date

To be completed by the Budget Office:  

Department ID: [202104]

- Enterprise Auxiliary
- Sales and Services of Educational Activities
- Sales and Services of Non-Educational Activities

OH Assessment %: [1] Approved By: [Signature] Date: [3-10-14]

BUD-6 Revised 01/2011 1 of 4
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 FSU Training? ✓ Yes ✗ No
   (Visit [http://omni.training.fsu.edu/](http://omni.training.fsu.edu/) for more information on training opportunities)

2. Indicate the method that will be used for accepting collections: NA
   (Example: cash register, recepting in X Building, FSU 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://controller.fsu.edu/Treasury-Cash-Management](http://controller.fsu.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.

   The auxiliary component of a partnership between FSU College of Medicine and Tallahassee Memorial Hospital, the TMH General Surgery GME Prog will support faculty physician, resident physician, and program support staff salaries. The general surgery program is planned to follow a five year training model, will be accredited by the American Council on Graduate Medical Education, sponsored by FSU College of Medicine, and located at Tallahassee Memorial Hospital.

5. Indicate the building and room number where the primary operations will occur: Off-campus (TMH facilities)

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.

   Several staff and faculty members from Office of Graduate Medical Education and Finance and Administration at FSU College of Medicine will provide operational and programmatic support for accreditation, financial reporting, and professional liability.

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? We did not contact SRS as this agreement is similar to other existing GME partnership agreements.

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-through 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?

Tallahassee Memorial Hospital will fund faculty physician, resident physician, and program support staff salaries supported through this auxiliary.
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>FTE</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>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Add Revenue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Add: Transfers In</td>
<td>$480,497</td>
<td>$485,302</td>
<td>$485,302</td>
</tr>
<tr>
<td>Cash Available</td>
<td>$480,497</td>
<td>$485,302</td>
<td>$485,302</td>
</tr>
<tr>
<td>Deduct: Salary</td>
<td>$471,951</td>
<td>$471,951</td>
<td>$471,951</td>
</tr>
<tr>
<td>Deduct: OPS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deduct: Expense</td>
<td>$8,546</td>
<td>$8,546</td>
<td>$8,546</td>
</tr>
<tr>
<td><strong>Total Operating Expenditures</strong></td>
<td><strong>$480,497</strong></td>
<td><strong>$480,497</strong></td>
<td><strong>$480,497</strong></td>
</tr>
<tr>
<td>Deduct: Transfers Out</td>
<td>$4,805</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Ending Cash Balance</strong></td>
<td><strong>$0</strong></td>
<td><strong>$0</strong></td>
<td><strong>$0</strong></td>
</tr>
</tbody>
</table>

Cash as a % of Expenditures | 0.00% | 0.00% | 0.00%

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

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></td>
<td>C&amp;G within your department</td>
<td></td>
<td>0.00%</td>
</tr>
<tr>
<td></td>
<td>Other FSU departments</td>
<td></td>
<td>0.00%</td>
</tr>
<tr>
<td></td>
<td>C&amp;G from other departments</td>
<td></td>
<td>0.00%</td>
</tr>
<tr>
<td>External</td>
<td>Students</td>
<td></td>
<td>0.00%</td>
</tr>
<tr>
<td></td>
<td>Other State agencies</td>
<td></td>
<td>0.00%</td>
</tr>
<tr>
<td></td>
<td>Other outside Customers</td>
<td>$480,497</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td></td>
<td><strong>$480,497</strong></td>
<td>100%</td>
</tr>
</tbody>
</table>
14. In some cases, sales tax should be collected. Will you be collecting tax? C Yes C No
(Visit http://controller.sfa.edu/Taxأتادبيات/Resource-for-Sendy-and-Staff/Frequently-Arked-Sale-Too-Question for more information)

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.

[Signature] (100% authorized)
Budget Office

Date: 3-10-14

N/A
Office of Audit Services

Date

[Signature]
Diana Key via email

Date: 3/21/14

Office of the Provost

Date: 3/28/14

[Signature]
Controller's Office

Date

[Signature]
Auxiliary Service Board

Date
### Requested Data

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Position Number</th>
<th>Annual Gross Pay or Hourly Rate</th>
<th>FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Director</td>
<td>TBD</td>
<td>TBD</td>
<td>$346,500.00</td>
<td>1.00</td>
</tr>
<tr>
<td>Program Coordinator</td>
<td>TBD</td>
<td>TBD</td>
<td>$50,000.00</td>
<td>1.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td>$396,500.00</td>
<td></td>
</tr>
</tbody>
</table>

### Expense Calculation

#### Payroll Expenses

<table>
<thead>
<tr>
<th>Position</th>
<th>Annual Salary</th>
<th>Retirement (@5.64%)</th>
<th>Healthcare (assumed Family)</th>
<th>Social Security (@6.2% w/$113,700 Cap)</th>
<th>Medicare (@1.45%)</th>
<th><strong>Payroll Total</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Director</td>
<td>346,500.00</td>
<td>19,542.60</td>
<td>13,790.00</td>
<td>7,049.40</td>
<td>5,024.25</td>
<td>$391,906.25</td>
</tr>
<tr>
<td>Program Coordinator</td>
<td>50,000.00</td>
<td>2,820.00</td>
<td>13,790.00</td>
<td>3,100.00</td>
<td>725.00</td>
<td>$70,435.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>396,500.00</td>
<td>22,362.60</td>
<td>27,580.00</td>
<td>10,149.40</td>
<td>5,749.25</td>
<td>$462,341.25</td>
</tr>
</tbody>
</table>

#### Auxiliary Expenses

<table>
<thead>
<tr>
<th>Position</th>
<th>Payroll Total</th>
<th>Casuality (@0.9%)</th>
<th>Subtotal</th>
<th>Aux Overhead (@5%)</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Director</td>
<td>391,906.25</td>
<td>3,527.16</td>
<td>395,433.41</td>
<td>11,863.00</td>
<td>407,296.41</td>
</tr>
<tr>
<td>Program Coordinator</td>
<td>70,435.00</td>
<td>633.92</td>
<td>71,068.92</td>
<td>2,132.07</td>
<td>73,200.98</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>462,341.25</td>
<td>4,161.07</td>
<td>466,502.92</td>
<td>13,995.07</td>
<td>480,497.39</td>
</tr>
</tbody>
</table>

18,156.14