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) [202108]
Description (30 characters) SMH Internal Medicine
Short Description (10 characters) SMH IM

1. Purpose/Mission of Department
   A partnership between FSU College of Medicine and Sarasota Memorial Hospital, the SMH Internal Medicine graduate medical education program will support faculty physicians, resident physicians, and program support staff salaries. The internal medicine resident programs is a three year training model that is accredited by the American Council on Graduate Medical Education, sponsored by FSU College of Medicine.

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 Dawn Snyder
Signer Sharon Woodall
Signer
Signer

6. Will this department cost-share with C&G? [If yes, indicate Project ID]

7. Specify fund type to be used with this department ID (check only one) (Fund 321)
   - 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
   - [ ] 720000 - OPS
   - [ ] 740000 - Expense
   - [ ] 760000 - OCO
   - [ ] Other

10. Contact Person for this Request [Dawn Snyder] Phone # 5-2827

Official Budget Office Use Only

Processed By Date Approved
Function Class PCS Code Waives
CIP Code Multi CIP Multi CIP

BUD-1 Revised 01/20/12
REQUEST TO ESTABLISH AN AUXILIARY OPERATION

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): 5M Internal Medicine

Dean/Director/Department Head/Chair (DDDH): Sharron Woodall

Budget Manager: Dawn Snyder

Contact Person for this request: Dawn Snyder Phone Number: 850.645.2827

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

DDDHC

Date

Budget Manager

Date

To be completed by the Budget Office

Department ID: 202108

Enterprise Auxiliary

Materials & Supplies Fees

Sales and Services of Educational Activities

Other

Sales and Services of Non-Educational Activities

OH Assessment %: 1

Approved By: [Signature]

Date: 5/4/15
Request for Auxiliary Operation – Questionnaire
For questions, call the Budget Office at 644-1203.

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://www.training.fsu.edu for more information on training opportunities)

2. Indicate the method that will be used for accepting collections:
   (Examples: cash register receipting in X Building, FSU Card Center, IDR)
   NA

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 for the cash collection point application or more information)

4. Please write the official Mission Statement or purpose of the Auxiliary.

   A partnership between FSU College of Medicine and Sarasota Memorial Hospital, the SMM Internal Medicine graduate medical education program will support faculty physician, resident physician, and program support staff salaries. The internal medicine resident programs is a three year training model that is accredited by the American Council on Graduate Medical Education, sponsored by FSU College of Medicine.

5. Indicate the building and room number where the primary operations will occur: Off-campus (Sarasota Memorial Hospital Facilities)

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

7. Will the activity involve F&G support? ☑ Yes □ No
   (Examples: the use of F & G space, positions, equipment)
   If “Yes”, list the F & 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? ☑ Yes □ No
   SRS was not contacted as this program is like 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-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? Sarasota Memorial Hospital will fund faculty physicians and program support staff salaries supported through this auxiliary.

BUD-6 Revised 01/2011 2 of 4
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>$384,037</td>
<td>$403,239</td>
<td>$423,400</td>
</tr>
<tr>
<td>Add: Transfers In</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash Available</td>
<td>$384,037</td>
<td>$403,239</td>
<td>$423,400</td>
</tr>
<tr>
<td>Deduct: Salary</td>
<td>$378,000</td>
<td>$396,900</td>
<td>$416,745</td>
</tr>
<tr>
<td>Deduct: OPS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deduct: Expense</td>
<td>$6,037</td>
<td>$6,339</td>
<td>$6,655</td>
</tr>
<tr>
<td>Total Operating Expenditures</td>
<td>$384,037</td>
<td>$403,239</td>
<td>$423,400</td>
</tr>
<tr>
<td>Deduct: Transfers Out*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ending Cash Balance</td>
<td>$0</td>
<td>$0</td>
<td>$0</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.siu.edu/auxiliaries.*

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>$0</td>
<td>0.00%</td>
</tr>
<tr>
<td></td>
<td>C&amp;G within your department</td>
<td>$0</td>
<td>0.00%</td>
</tr>
<tr>
<td></td>
<td>Other PSU departments</td>
<td>$0</td>
<td>0.00%</td>
</tr>
<tr>
<td></td>
<td>C&amp;G from other departments</td>
<td>$0</td>
<td>0.00%</td>
</tr>
<tr>
<td>External</td>
<td>Students</td>
<td>$0</td>
<td>0.00%</td>
</tr>
<tr>
<td></td>
<td>Other State agencies</td>
<td>$0</td>
<td>0.00%</td>
</tr>
<tr>
<td></td>
<td>Other outside Customers</td>
<td>$364,037</td>
<td>100%</td>
</tr>
<tr>
<td>Total Revenue</td>
<td></td>
<td></td>
<td>100%</td>
</tr>
</tbody>
</table>
11. In some cases, sales tax should be collected. Will you be collecting tax?  

(C) Yes  (X) No

Visit http://www.uwec.edu/tax-administration/Tax-Rooms/for-Faculty-and-Staff/Frequently-Asked-Questions/for more information.

The Budget Office will obtain the appropriate signatures below.

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

Signed

Date:

N/A

Office of Audit Services

Date:

Sponsor Research Administration

Date:

Office of the Provost

Date:

Controller's Office

Date:

Auxiliary Service Board

Date: