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): College of Medicine MRI

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

Budget Manager: Travis Lampkin

Contact Person for this request: Travis Lampkin

Phone Number: 850-644-7263

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.

9/24/15
Date

9/24/17.015
Date

Budget Manager

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 %: 0

Approved By: ____________________________ Date: _______________
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://osmi.training.fsu.edu](http://osmi.training.fsu.edu) for more information on training opportunities)

2. Indicate the method that will be used for accepting collections:
   - Interdepartmental Requisitions (FSU Department Users)
   - Cash register receipting 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.sfsu.edu/Treasury-Cash-Management](http://controller.sfsu.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.
   
   MRI services will offer expertise, state-of-the-art equipment, and materials to the College of Medicine, FSU, and the external scientific community

5. Indicate the building and room number where the primary operations will occur:  MSR Suite G135

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.
   
   The MRI technician (a position that does not currently exist) will be supported by College of Medicine E&G funds until the Auxiliary can build up a solid customer base and revenue stream

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?  Cathi Bass, Assistant Director

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?
    Funds for the equipment purchase will be shared 1:1:1 by the Office of the Provost, Office of Research and College of Medicine (max value of $ million)

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11. Will this auxiliary pay for any employee positions? **Yes**  
**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>$4,000</td>
<td>$-60,924</td>
</tr>
<tr>
<td>Add: Revenue</td>
<td>$54,000</td>
<td>$162,000</td>
<td>$290,000</td>
</tr>
<tr>
<td>Add: Transfers In</td>
<td>$2,723,386</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash Available</td>
<td>$2,777,386</td>
<td>$166,000</td>
<td>$229,076</td>
</tr>
<tr>
<td>Deduct: Salary</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deduct: OPS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deduct: Expense</td>
<td>$2,773,386</td>
<td>$226,924</td>
<td>$226,924</td>
</tr>
<tr>
<td>Total Operating Expenditures</td>
<td>$2,773,386</td>
<td>$226,924</td>
<td>$226,924</td>
</tr>
<tr>
<td>Deduct: Transfers Out</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ending Cash Balance</td>
<td>$4,000</td>
<td>$-60,924</td>
<td>$2,152</td>
</tr>
</tbody>
</table>

| Cash as a % of Expenditures | 0.14% | -26.85% | 0.95% |

*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/Auxiliary](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>$30,360</td>
<td>6.00%</td>
</tr>
<tr>
<td></td>
<td>C&amp;G within your department</td>
<td>$151,800</td>
<td>30.00%</td>
</tr>
<tr>
<td></td>
<td>Other FSU departments</td>
<td>$50,600</td>
<td>10.00%</td>
</tr>
<tr>
<td></td>
<td>C&amp;G from other departments</td>
<td>$253,000</td>
<td>50.00%</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>$20,240</td>
<td>4.00%</td>
</tr>
<tr>
<td></td>
<td>Other outside Customers</td>
<td></td>
<td>0.00%</td>
</tr>
<tr>
<td>Total Revenue</td>
<td></td>
<td>$566,000</td>
<td>100%</td>
</tr>
</tbody>
</table>

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Projected for all 3 years

*Maintenance Contract begins Year 2 for $176,924.*
14. In some cases, sales tax should be collected. Will you be collecting tax?  
   - Yes  
   - No

(Visit https://controller.niu.edu/Tax-Administration/Tax-Resources-for-Faculty-and-Staff/Frequently-Asked-Sales-Tax-Questions
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]
Budget Office

N/A
Office of Audit Services

[Signature]
Sponsored Research Administration

[Signature]
Office of the Provost

[Signature]
Controller’s Office

[Signature]
Auxiliary Service Board

Date

Date

Date

Date

Date
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) 201009

Description (30 characters) College of Medicine MRI

Short Description (10 characters) Med MRI

1. Purpose/Mission of Department

MRI services will offer expertise, state-of-the-art equipment, and materials to the College of Medicine, FSU, and the external scientific community

2. Division Academic Affairs

3. School/College College of Medicine

4. Area Medicine Instruction

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 Pam McCully

Budget Manager Travis Lampinen

Signer

Signature

Employee ID 000017558

000079458

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 E&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  $740000 - Expense  $760000 - OCO  O Other

10. Contact Person for this Request Travis Lampinen

Phone # 850-644-7263

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
### Auxiliary Rate Methodology Template

**Auxiliary:** COM MRI

<table>
<thead>
<tr>
<th><strong>Contact:</strong></th>
<th>Travis Lampinen / 850-644-7263</th>
</tr>
</thead>
</table>

#### Activity Description
- **Activity:** MRI Service
- **Shortname (CF3):** COMMRI
- **Date Updated/Effective Date of Current Rates:** 9/14/2015

#### Section 1: Under(Over)Collection from Prior Year
- 0

#### Section 2: Usage Base
- **Estimated Hours/Volume (per year):** 405
- **Allocation Basis:** By Hour

#### Section 3: Estimated Annual Expenditures
- **General Expenses:**
  - Materials & Supplies: 50,000
- **Equipment Costs:**
  - Equipment Maintenance/Service Contracts: 0
  - Depreciation Expense: 389,055
- **Total Estimated Expenditures:**

#### Section 4: Rate Calculation

| **Total Estimated Expenditures:** | 439,055 |
| **Under(Over)collection from Prior Year:** | 0 |
| **Subtotal:** | |
| **Divided by Total Estimated Usage:** | 405 |

**Calculated Rate per Hour/Volume (Fixed):** MULTIPLE
**Associated Costs per Hour/Volume (Variable):** MULTIPLE
**Total Calculated Rate per Hour/Volume:** MULTIPLE

#### Additional Information
SEE ATTACHED A

* Maintenance Contract starts year 2 for $576,924
<table>
<thead>
<tr>
<th>Rates</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A</strong></td>
<td>MRI Services (8am - 8pm)</td>
</tr>
<tr>
<td><strong>B</strong></td>
<td>MRI Services (8pm - 8am)</td>
</tr>
</tbody>
</table>

Total Estimated Annual Expenditures (Fixed) 439,055.00
Total Estimated Annual Usage (Hours) 405
Fixed Costs Per Hour $1,084.09

<table>
<thead>
<tr>
<th>Fixed Costs Per Hour</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A</strong></td>
<td>$1,084.09</td>
</tr>
<tr>
<td><strong>B</strong></td>
<td>$1,084.09</td>
</tr>
</tbody>
</table>

Hours Required
Equipment Run Costs (Fixed) 1,084.09 1,084.09
Material Cost Per Run (Variable) 0.00 0.00
Total Calculated Rate per Hour/Volume 1,084.09 1,084.09

Established Rate per Hour/Volume (Internal) 400.00 250.00
Established Rate per Hour/Volume (External) 550.00 550.00