REQUEST TO ESTABLISH AN AUXILIARY OPERATION

Please return to the Budget Office (Fax: 4-9622, Email: mmillis3@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): Business Services

Dean/Director/Department Head/Chair (DDDHC): Charles Friedrich

Budget Manager: Barbara Powell

Contact Person for this request: Phyllis Williamson

Phone Number: (850) 644-1368

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.

[Signature]

1/19/16

Date

DDDHC

[Signature]

1/19/16

Date

Budget Manager

To be completed by the Budget Office:

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

OH Assessment %: 

Approved By: 

Date: 

Department ID: 013003
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). Requesters 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/ for more information on training opportunities)

2. Indicate the method that will be used for accepting collections:  
   Checks from vendors
   (Example: cash register receipting in X Building, FSUCard 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.sap.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 purpose of this auxiliary is to provide FSU students, faculty and staff a convenient way to donate to designated charitable campus organizations. Customers at OBS's retail partner locations will be asked if they would like to voluntarily "roundup" their purchases to support a predetermined campus organization (i.e., Campus Food Pantry, Student Scholarship Fund, etc.). OBS Partners will enter into a MOU with OBS outlining the programs term and conditions. Collected funds from Partners will ultimately be transferred to this account and then OBS will present them to the charity of choice on an annual basis. The intent of this activity is to provide 100% of the funds collected to the benefitting organizations.

5. Indicate the building and room number where the primary operations will occur:  
   CS500 UCC

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.
   This auxiliary will receive minimal E&G support: space, equipment and positions to process deposits and disbursements.

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
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>$500</td>
<td>$1,000</td>
<td>$0</td>
</tr>
<tr>
<td>Add: Transfers In</td>
<td>$0</td>
<td>$0</td>
<td>$1,000</td>
</tr>
<tr>
<td>Cash Available</td>
<td>$500</td>
<td>$1,000</td>
<td>$1,000</td>
</tr>
<tr>
<td>Deduct: Salary</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Deduct: OPS</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Deduct: Expense</td>
<td>$500</td>
<td>$1,000</td>
<td>$1,000</td>
</tr>
<tr>
<td>Total Operating Expenditures</td>
<td>$500</td>
<td>$1,000</td>
<td>$1,000</td>
</tr>
<tr>
<td>Deduct: Transfers Out*</td>
<td>$0</td>
<td>$0</td>
<td>$0</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.fsu.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></td>
<td></td>
<td></td>
</tr>
<tr>
<td></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 FSU 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>$1,000</td>
<td>1</td>
</tr>
<tr>
<td>Total Revenue</td>
<td></td>
<td>$1,000</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
   (Visit http://controller.osu.edu/Tax-Administration/Tax-Remittance-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

[Signature]  2-4-2010
Office of Audit Services

[Signature]  3-15-16
Sponsored Research Administration

[Signature]  3-15-16
Office of the Provost

[Signature]  3-17-16
Controller's Office

[Signature]
Auxiliary Service Board

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) 0418003

Description (30 characters) Round up for FSU

Short Description (10 characters) Round up

1. Purpose/Mission of Department

Please see attachment.

2. Division Finance & Administration

3. School/College AVP Administration

4. Area Business Services

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 Charles Friedrich

Budget Manager Barbara Powell

Signer Gary Huff

Signer Barbara Powell

Signer Charles Friedrich

Signature

Signature

Signature

Employee ID

02418

03483

76000

03483

02418

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

☐ 720000 - OPS

☐ 740000 - Expense

☐ 760000 - OCO

☐ Other

10. Contact Person for this Request Phyllis Williamson

Phone # 644-1368

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
The purpose of this auxiliary is to provide FSU students, faculty and staff a convenient way to donate to designated charitable campus organizations. Customers at OBS's retail partner locations will be asked if they would like to voluntarily "roundup" their purchases to support a predetermined campus organization (i.e. - Campus Food Pantry, Student Scholarship Fund, etc.). OBS Partners will enter into a MOU with OBS outlining the programs term and conditions. Collected funds from Partners will ultimately be transferred to this account and then OBS will present them to the charity of choice on an annual basis. The intent of this activity is to provide 100% of the funds collected to the benefiting organizations.