



**REQUEST TO ESTABLISH AN AUXILIARY OPERATION**

Please return to the Budget Office (Fax: 4-9622, Email: [mmills3@admin.fsu.edu](mailto:mmills3@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):

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

Budget Manager:

Contact Person for this request:  Phone Number:

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.

\_\_\_\_\_

**DDDHC**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Budget Manager**

\_\_\_\_\_

**Date**

To be completed by the Budget Office:

Department ID: \_\_\_\_\_

\_\_\_ Enterprise Auxiliary

\_\_\_ Materials & Supplies Fees

\_\_\_ Sales and Services of Educational Activities

\_\_\_ Other

\_\_\_ Sales and Services of Non-Educational Activities

OH Assessment %: \_\_\_\_\_ 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://omni.training.fsu.edu/> for more information on training opportunities)

2. Indicate the method that will be used for accepting collections:   
(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.vpfa.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.

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

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?

11. Will this auxiliary pay for any employee positions?  Yes  No  
 If “Yes”, provide an attachment that shows the following data for each:

Position Number	Annual Gross Pay or Hourly Rate	FTE
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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:

	Year 1	Year 2	Year 3
Balance Forward	\$0		
Add: Revenue			
Add: Transfers In			
<b>Cash Available</b>			
Deduct: Salary			
Deduct: OPS			
Deduct: Expense			
<b>Total Operating Expenditures</b>			
Deduct: Transfers Out*			
<b>Ending Cash Balance</b>			
Cash as a % of Expenditures			

\*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:

Type of User	Customers	Projected Sales	Percentage of Total
Internal	Your own department		
	C&G within your department		
	Other FSU departments		
	C&G from other departments		
External	Students		
	Other State agencies		
	Other outside Customers		
<b>Total Revenue</b>			<b>100%</b>

14. In some cases, sales tax should be collected. Will you be collecting tax?  Yes  No  
(Visit <http://controller.vpfa.fsu.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.

\_\_\_\_\_  
**Budget Office** \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Office of Audit Services** \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Sponsored Research Services** \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Office of the Provost** \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Controller's Office** \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Auxiliary Service Board** \_\_\_\_\_  
**Date**