



REQUEST TO ESTABLISH AN AUXILIARY OPERATION

Please return to the Budget Office (Fax: 4-9622, Email: budget@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: A new auxiliary will not be established when an existing entity is available to account for the good or service, or in cases where the activity should be administered by the Office of Research or a DSO

If the above requirements are met, both this form (including a detailed rate methodology) & the [Establish a New 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:

Auxiliary 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/policies-and-procedures/financial/omni-departments#Auxiliary>), 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
- Sales & Service of Educational Activities
- Sales & Service of Non-Educational Activities

OH Assessment %:

Approved By:

Date:

Request for Auxiliary Operation – Questionnaire

For questions, contact the Budget Office.

Please attach a detailed rate methodology. A template is available on the Budget Office website. If additional space is needed to answer any of the questions below, please include an attachment.

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, SFS, IDR)

3. Will this Auxiliary be collecting over \$5,000 in cash? 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 Administration.

10. If applicable, 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”, include this information in the detailed rate methodology.

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			
Cash Available			
Deduct: Salary			
Deduct: OPS			
Deduct: Expense			
Total Operating Expenditures			
Deduct: Transfers Out*			
Ending Cash Balance			

Cash as a % of Expenditures			
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*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 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		
Total Revenue			100%

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

Budget Office

Date

Sponsored Research Administration

Date

Office of the Provost

Date

Controller's Office

Date