

UCOP - ANNUAL RECHARGE ACTIVITY SELF CERTIFICATION

Dept Code/Name: _____ Prepared By: _____
 Date: _____ Phone: _____ email: _____

Recharge Activity: _____

Questions about how to complete this form or any of the recharge proposal forms can be directed to UCOP Budget Office at (510) 987-0974

I. Self Certification Checklist **PROGRAM YEAR** **to**

Policy Resources Month Day Year Month Day Year

- * [UCOP Rate and Recharge Policy](#) **Policy**
- ** [University Direct Costing Procedures](#) BFB A-47
- *** [Academic Support Unit Costing and Billing Guidelines](#) BFB A-56

Review Data **Policy** **Yes** **No**

1. Has the unit submit a proposal for this activity before? _____
2. If yes, please provide the date of the last biennial rate proposal. _____ _____

Nature of Services **Policy** **Yes** **No**

3. Is service regular and continuing? If no, additional information is required. BFB A-47**
4. Is service unique or specialized enough to warrant recharging? If no, additional information is required. BFB A-47**
5. Is there need for this service by more than one UC unit/activity/project? If no, additional information is required. BFB A-47**

Recharge Rates **Policy** **Yes** **No**

6. Are only direct, identifiable and allowable costs covered? BFB A-56***
7. Are offsite leasing or utilities costs included in rates? If no, additional info is required. _____
8. Are rate computations based on current labor rates and material costs plus any probable increases? BFB A-47**
9. Are recharge rates uniformly applied to all UC customers? If no, additional info is required. BFB A-47**
10. Are prorations or indirect allocations included? If yes, additional information is required. BFB A-47**
11. Are rates published and distributed? If no, additional information is required. BFB A-47**
Where are rates published? _____
12. Are rates to UC customers reasonable for the services provided? If no, additional information is required. BFB A-47 and 56 **
13. Do rates comply with all other direct costing policy? If no, additional info is required. BFB A-56***
14. Does the unit provide service to non UC (or non UC-affiliated) customers?
If yes, does the unit charge the full rate? _____
If yes, is there a markup added to the rate? _____
Please provide the estimated annual markup income generated by this unit. _____
15. Do you include equipment depreciation in your rate development? BFB A-56***
Were federal funds used to purchase any of the depreciated equipment? BFB A-56***
(Federally purchased equipment costs may not be recovered through a recharge rate)
For depreciation calculation, did you use the useful lives found at <http://eulid.ucop.edu/index.php>? If not, please attach your exceptions. _____

16. Please provide all FAU's that apply to the recharge unit (e.g., operations, reserves, surcharges, subsidy)

| | Rechg Activity Description | Dept | Fund # | Account # |
|----|----------------------------|------|--------|-----------|
| a) | | | | |
| b) | | | | |
| c) | | | | |
| d) | | | | |
| e) | | | | |

(add more lines if necessary)

UCOP - ANNUAL RECHARGE ACTIVITY SELF CERTIFICATION / cont.

| | Policy | Yes | No |
|---|--------|-------|-------|
| 17. Since the last rate approval, have any new services or activities been added ?If yes, what is the estimated income to be generated by the new services? | | _____ | _____ |
| New service: _____ Estimated income _____ % of total income | | | |
| New service: _____ Estimated income _____ % of total income | | | |
| New service: _____ Estimated income _____ % of total income | | | |
| <i>(If all new services total over 10% of total income, a more detailed review may be required)</i> | | | |
| total new service income _____ | | | |
| total income-all services _____ | | | |
| 18. Is the unit proposing rate changes? <i>(If yes, please attach a copy of the "proposed rates" sheet.)</i> | | _____ | _____ |
| If yes, are any proposed rates different from the previously approved rates by 5% or more? <i>(If increase is 5% or more, a more detailed review may be required)</i> | | _____ | _____ |
| 19. Will any of the recharge income originate from federal sources? | | _____ | _____ |
| Total estimated income-all sources _____ | | | |
| Total estimated income-federal sources _____ % federal | | | |
| <i>(If over 25% of total, a more detailed review may be required)</i> | | | |
| 20. Is any part of the unit's recharge income recorded in fund 69085 ? <i>(recharge services run through 69085 may require a more detailed review)</i> | | _____ | _____ |
| 21. Are charges calculated on actual services provided? | | _____ | _____ |
| 22. Are charges billed monthly? | | _____ | _____ |
| If not, how often are charges billed? _____ | | | |

| Financial Summary | Policy | Yes | No |
|--|-----------------|-------|-------|
| 23. Did the unit incur a surplus or (deficit) in the last reporting period that was within the published tolerance levels? | <i>BFB A-47</i> | _____ | _____ |
| If no, please attach your reduction or recovery plan. | | | |
| <i>(surpluses and deficits outside of tolerance may require a more detailed review)</i> | | | |

Additional Information

This self-certification will be reviewed by the UCOP Rate Review Committee.
 Additional written information that helps to expedite review is always welcomed, but will be **required** when:

- A surplus or deficit in the last fiscal year exceeds one month's operating expense
- Proposed rates exceed the previously approved rates by more than 5%

Certification

I certify that to the best of my knowledge the above is accurate and that is has been prepared in compliance with current University and federal policy.

_____ Department Head Name /Signature

_____ Date