

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

- | | | | |
|--|---------------|--|--|
| Policy | | | |
| * 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