

UNIVERSITY OF CALIFORNIA, ANR - RECHARGE ACTIVITY SELF CERTIFICATION

Unit: _____ Prepared By: _____
 Date: _____ Tele No. _____ email: _____

NAME OF RATE TYPE: _____

Questions about how to complete this form or any of the recharge proposal forms can be directed to UC Davis (510) 987-9307

I. Self Certification Checklist

PROGRAM YEAR

to

Month Day Year Month Day Year

Policy Resources

- * [ANR Administrative Handbook Section 291](#)
- ** [University Direct Costing Procedures](#) BFB A-47
- *** [Academic Support Unit Costing and Billing Guidelines](#) BFB A-56

Review Data

- | | Policy | Yes | No |
|---|--------|-------|-------|
| 1. Does the unit generate \$15,000 or more annually in recharge income?
<i>(if "no", see ANR Admin. Handbook Sect. 291, Article XI for guidance on self certification process)*</i> | _____ | _____ | _____ |
| 2. Does this unit generate \$50,000 or more in annual revenue?
If yes, please provide the date of the last detailed review. _____
If your last detailed review is in excess of 4 years ago, please attach rate development sheets to this self-certification. | _____ | _____ | _____ |

Nature of Services

- | | Policy | Yes | No |
|--|------------|-------|-------|
| 3. Is service regular and continuing? | BFB A-47** | _____ | _____ |
| 4. Is service unique or specialized enough to warrant recharging? | BFB A-47** | _____ | _____ |
| 5. Is there need for this service by more than one UC unit/activity/project? | 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? | | _____ | _____ |
| 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? | BFB A-47** | _____ | _____ |
| 10. Are prorations or indirect allocations avoided? | BFB A-47** | _____ | _____ |
| 11. Are rates published and distributed?
Where are Rates published? _____ | BFB A-47** | _____ | _____ |
| 12. Are rates to UC customers reasonable for the services provided? | | _____ | _____ |
| 13. Do rates comply with all other Direct Costing Policy? | BFB A-47** 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, what is the rate of mark-up?
and the account number that tracks surcharge income?: _____
Please estimate the average annual surcharge income generated by this unit _____
If yes, does the unit charge the Non-University Differential (NUD) | BFB A-56*** | _____ | _____ |
| 15. Do you include equipment depreciation in your rate development?
Were Federal funds used to purchase any of the depreciated equipment?
<i>(Federally purchased equipment costs may not be recovered through a recharge rate)</i>
For depreciation calculation, did you use the useful lives found at UCOP's website/UC Davis CAMS?
If not, please attach your approved exceptions. | BFB A-56*** | _____ | _____ |
| 16. Please provide all account combinations for the following 5 fields that apply to the recharge unit (e.g., operations, reserves, surcharges, subsidy) | BFB A-56*** | _____ | _____ |

	Rechg Activity Description	Fund	Org	Account
a)				
b)				
c)				
d)				
e)				

(add more lines if necessary)

UNIVERSITY OF CALIFORNIA, ANR - RECHARGE ACTIVITY SELF CERTIFICATION / cont.

Recharge Rates / continued	Policy	Yes	No
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17. Since the last rate approval, are any of the proposed rates new to the unit? _____
 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

(if all new services total over 10% of total income, a more detailed review may be required--see ANR Admin Handbook)*

total new service income _____
 total income-all services _____

18. Is the unit proposing rate changes? *(if yes, please attach a copy of the "proposed rates" sheet.)* _____
 If yes, are any proposed rates different from the previously approved rates by 5% or more? _____
(if increase is 5% or more, a more detailed review may be required--see ANR Admin Handbook)*

19. Will any of the recharge income originate from Federal sources? _____
 total estimated income-all sources _____
 total estimated income-Federal sources _____ % Federal
(if over 25% of total, a more detailed review may be required--see ANR Admin Handbook)*

20. Is any part of the unit's recharge income recorded in fund 69085 (do not consider subsidy activity)? _____
(rechg services run thru 69085 may require a more detailed review--see ANR Admin Handbook)*

21 Are charges calculated on actual services provided? _____
 22 Are charges billed monthly? _____
 If not, are charges billed quarterly? _____

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

25. Will the unit incur a surplus or (deficit) in the current reporting period that is within the published tolerance levels? *BFB A-47.VI.D.3* _____
 If no, please attach your reduction or recovery plan.
(surpluses and deficits outside of tolerance may require a more detailed review--see ANR Admin Handbook)*

Additional Information

This self-certification will be reviewed under the direction of the ANR 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 FY exceeds the published tolerance levels
- proposed rates exceed the previously approved rates by more than 5%
- "no" answers to questions 3-5 , 7, 9-13, 15, 19-20

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

 Control Unit Name and Title /Signature

 Date