UH Cost Accounting January, 2021\_\_\_

**REQUEST FOR ESTABLISHING A NEW SPECIALIZED SERVICE FACILITY**

**Proposed Specialized Service Facility Name:**

**Requested Start Date:**

**Description of goods or services provided:**

**Description of potential specialized service facility users including any external users:**

1. **Briefly describe and indicate locations of commercial and other non-UH sources from which similar goods or services may be obtained.**

1. **Briefly describe other UH sources from which similar goods or services may be obtained.**
2. **If similar goods or services may be obtained from non-UH sources or other UH sources, explain the necessity for the proposed activity.**
3. **If the goods or services have been provided free of charge in the past:**
4. **Describe past funding sources and provide an expenditure history.**
5. **Explain the necessity for now charging for the goods or services.**
6. **Estimate/Project:**
7. **Annual activity volume, such as hours of usage, number of copies, etc.**
8. **Number of annual users.**
9. **Annual dollar volume of recharge income.**

1. **Number of years the facility will provide goods or services.**
2. **State the estimated percentage of users by the following categories:**
3. **UH Departments:**
	* 1. **Federal and Federal flow-thru users** %
		2. **State funded users** %
		3. **Non-federally or state funded users** %
4. **UH Individuals:**
	* 1. **Individuals** %
		2. **Faculty** %
		3. **Staff** %
5. **Non-UH Individuals and entities** %

**Total** 100%

1. **If applicable, describe any connection between the proposed facility and any Federal contract or grant, including:**
	1. **Any subsidy, direct or indirect, to be provided by the Federal contract(s) or grant(s).**

* 1. **Any limitation the Federal contract(s) place on the use of the proposed activity's income.**
1. **If applicable, describe any connection between the proposed facility and any non-Federal funding source, including:**
	1. **Any subsidy, direct or indirect, to be provided by the funding source.**

* 1. **Any limitation the funding source places on use of the proposed activity's income.**

1. **If sales to non-UH individuals or entities are expected, provide information conclusively showing that satisfactory commercial or other non-UH sources for similar goods or services so not exist.**
2. **Provide the following financial information:**

1. **Proposed funding sources for :**
	1. **Start up costs**
	2. **Working Capital**
	3. **Equipment to be acquired**
2. **Use the forms provided (modify to meet your needs) to provide:**
	1. **Cost study**
	2. **Budgets**
	3. **Depreciation or Use-Allowance**
3. **Provide the following tax information:**
4. **Sales Tax. If the proposed facility will sell goods explain why the activity should not be subject to Texas sales regulations.**
5. **Unrelated Business Income Tax. If the proposed activity will sell goods or services to individuals or entities, explain how the sales will relate to the University's educational or research mission. Sales not related to the University's educational or research mission will be reported as unrelated business income and subject to federal income tax regulations.**
6. **If the proposed facility will have a point of sale, or cash transactions, provide a copy of the cash handling procedures. Cash handling procedures must be approved as required by university policy.**
7. **If the activity will bill other UH departments, provide a copy of billing procedures, including a sample of the billing statement/invoice to be provided to the specialized service facility users. Billing procedures must be approved as required by university policy.**

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**Specialized Service Facility Location:**

**Primary Business Person:**

**Title/Position:**

**Phone Ext:**

**E-mail:**

**Specialized Service Facility Manager:**

**Title/Position:**

**Phone Ext:**

**E-mail:**

**Department and College/Division Approval and acceptance of operating and financial responsibility:**

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Department Chair [Please Print/Type Name & Signature] Date:

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Dean (or equivalent) [Please Print/Type Name & Signature] Date:

**Forward this completed request to the Cost Accounting Department for review and evaluation.**