

## Rate Review Submission Form

**Form# and Fiscal Year** are automatically assigned and cannot be changed.

**FSEA Status** will default to **Inactive**, and it will change to **Active** once the Proposed Rates are populated in **Section 2** of the form.

### Introduction

The Auxiliary Accounting Office reviews the rates of Fee-for-Service Educational Activities (FSEA) to determine if they meet the Federal cost principles stipulated by the Office of Management and Budget (OMB) Uniform Guidance and University policies. This form should be completed to document the rate calculation of FSEA service line(s) and/or their effective current and proposed rates if different from the prior fiscal year reviewing. The costs of goods and/or services should be charged based on the actual usage of units sold.

This form has some prepopulated fields obtained from the FSEA application on file. **Review all contacts to ensure the correct people are listed and update as needed.**

If you are adding or updating information to the Review form, please remember to click the **"SAVE"** button at the bottom of form **BEFORE** closing your session or executing a task at the top of the form. You can choose to answer all the questions now or save your progress and return later. In either case, you will be emailed a link to the form for your reference.

If you have any questions, please reach out to the Auxiliary Accounting Office at [ga-aux@ad.ufl.edu](mailto:ga-aux@ad.ufl.edu) or 352-294-7236.

**NOTE:** Once you start the form you **will have** the ability to save and come back to complete later.

## Section 1: Unit Contact Information

### Fee-for-Service Educational Activity

Select the FSEA number the unit has been assigned by the Auxiliary Accounting Office.

**FSEA #\***    **FSEA Name**

1047    AUXI RESEARCH LAB

**FSEA Type/Category**

RESEARCH SERVICE CENTERS (RSC)

**FSEA Website URL (update if needed)**

<https://www.fa.ufl.edu/directives/service-center-rate-review/>

**FSEA # is a unique assigned number for the FSEA activity by Auxiliary Accounting. Select one from the drop-down options to prepopulate the information for the FSEA name, FSEA Type/Category, and FSEA Website URL.**

### REQUESTOR Information

*\* Please enter the UFID in the required field and tab to populate the remaining fields.*

Your	First Name	Last Name	Job Title
<b>UFID*</b>	ALBERTA	GATOR	ACCOUNTANT III
68899			
999			

Dept ID	Dept Name	Email	Phone
64659999	AUX ACCOUNTING	AGATOR@UFL.EDU	(352)294-7236

### PRIMARY Operational Contact

The person listed below is responsible for the oversight of the day-to-day operations of the unit. Review their name and update if needed.

*\* Start typing the last name of the individual and then select from the list.*

Last Name,First Name *	Job Title	Email
GATOR,ALBERT	ASO DIR, OPERATIONS	AGATOR1@UFL.EDU

Dept ID#	Dept Name	Phone
11609999	AUX ACCOUNTING	(352)294-7258

### SECONDARY Operational Contact (optional)

*\* Start typing the last name of the individual and then select from the list.*

Last Name,First Name	Job Title	Email
GATOR,ALBERT	ASO DIR, OPERATIONS	AGATOR1@UFL.EDU

Dept ID#	Dept Name	Phone
11609999	AUX ACCOUNTING	(352)294-7258

**PRIMARY Fiscal Contact**

The person listed below is responsible for the day-to-day accounting responsibilities. Review their name and update if needed.

*\* Start typing the last name of the individual and then select from the list.*

<b>Last Name,First Name *</b>	<b>Job Title</b>	<b>Email</b>
GATOR,ALBERTA	ACCOUNTANT III	AGATOR@UFL.EDU

<b>Dept ID#</b>	<b>Dept Name</b>	<b>Phone</b>
11609999	AUX ACCOUNTING	(352)294-7236

**SECONDARY Fiscal Contact (optional)**

*\* Start typing the last name of the individual and then select from the list.*

<b>Last Name,First Name</b>	<b>Job Title</b>	<b>Email</b>
GATOR,ALBERTA	ACCOUNTANT III	AGATOR@UFL.EDU

<b>Dept ID#</b>	<b>Dept Name</b>	<b>Phone</b>
11609999	AUX ACCOUNTING	(352)294-7236

**Director Contact**

*\* Start typing the last name of the individual and then select from the list.*

<b>Last Name,First Name *</b>	<b>Job Title</b>	<b>Email</b>
GATOR,ALBERT	ASO DIR, OPERATIONS	AGATOR1@UFL.EDU

<b>Dept ID#</b>	<b>Dept Name</b>	<b>Phone</b>
11609999	AUX ACCOUNTING	(352)294-7258

**Lab Manager (optional)**

*\* Start typing the last name of the individual and then select from the list.*

<b>Last Name,First Name</b>	<b>Job Title</b>	<b>Email</b>
-----------------------------	------------------	--------------

<b>Dept ID#</b>	<b>Dept Name</b>	<b>Phone</b>
-----------------	------------------	--------------

## Section 2: General Information

1. Are the FSEA rates published? \*

NO

2. Has the scope or nature of the FSEA established changed? \*

NO

If the scope or nature of the FSEA changed, describe if the FSEA activity moved to a new Dept ID/fund, added a new service line, or serve new customers (internal/external). Describe the reasons of the changes.

3. What system do you use to create invoices and track outstanding receivables from internal and external customers? (i.e. Microsoft Excel, Microsoft Access, QuickBooks) \*

Microsoft Excel

4. Are there any contracts with external customers? \*

NO If the activity creates contracts with customers as part of normal business operations, email a copy of the contract to Auxiliary Accounting Office at ga-aux@ad.ufl.edu.

5. Are the chartfields listed below accurate? \*

YES

### Assigned Chartfields

Fund ID	Dept ID	Dept Name	Institutional Support
165	11600100	RE-ICBR-AUX&HSC	NO
161	11600100	RE-ICBR-AUX&HSC	NO

### Rate Documentation

Attach Proposed Rate Documentation (required) and any other supporting documentation – A template form is available here: [\(link to spreadsheet\)](#)

FSEA Rate Form (1)

\*

[AUX-FSEA Rate Worksheet – 6/5/2023 – 3:43:52 PM](#)

### Section 3: Department Approvers

The approvers below certify to the Committee that they recommend the approval of this request and confirm that:

- -- The proposed activity aligns with the University mission.
- -- Management and the oversight of this activity will be performed in accordance with University Policies and Internal Control Standards.
- -- Activity must maintain a positive financial position.

#### Department Chair/Director Approver

Start typing the approver's last name and then select from the list.

Last Name,First Name \*

GATOR,ALBERTA

Job Title

ACCOUNTANT III

#### Dean/ Vice President Approver

Start typing the approver's last name and then select from the list.

Last Name,First Name \*

GATOR,ALBERT

Job Title

ASO DIR, OPERATIONS

### Section 4: Approval Record

Chair/Director Name

GATOR,ALBERTA

Date/Time Approved

06/05/2023

03:44:40 PM

Dean/VP Name

GATOR,ALBERTA

Date/Time Approved

06/05/2023

03:44:52 PM

AUX Accounting Office Decision

REVIEWED

Date/Time Approved

06/05/2023

03:45:10 PM

### Section 5 – Administration

Notes

FSEA Supporting Documentation (0)

#### Rates Table

FSEA#	FSEA Name	Service Line Name	Flex	Unit of Measure	Internal Rate	External Not for Profit Rate	External For Profit Rate	Other Rate	Description
-------	-----------	-------------------	------	-----------------	---------------	------------------------------	--------------------------	------------	-------------

**Form Save**