How to use this file as an electronic document: Ignore information banner along top of page (in purple).

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Open the file from the location that you saved it. On the upper toolbar, click on “Sign”.

Click or use the tab key in the answer fields and complete the questionnaire. When finished, click on “Done Signing” in the right navigation pane under "I Need to Sign".

Message will appear to alert you that any text you have entered will now be merged into the PDF. Click
“Confirm”.

A new copy of the form will be saved to your PC. The word signed will be added to your file name. A
message will appear that asks “Do you want to send this signed document?” Click on “Not Now”.

Send the file as an email attachment to iceppes@vcu.edu.

VIRGINIA COMMONWEALTH UNIVERSITY

UNIVERSITY CONTROLLER'S OFFICE
 OFFICE OF COST ANALYSIS

SERVICE CENTER QUESTIONNAIRE

The information requested in this questionnaire has been designed to enable us to determine if the activity
should be considered a Specialized Service Facility as defined in the Office of Management and Budget
Circular No. A-21.

Please complete all questions. Where a question is not applicable to your operation, please indicate by "N/A". If you require clarification of the meaning of a particular question, please contact Iris Eppes at 828-5757, e-mail address iceppes@vcu.edu.

Use fiscal year ended June 30, 2015 data when responding to financial questions.

PLEASE RETURN THIS QUESTIONNAIRE BY AUGUST 28, 2015.

1. Service Center Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location:

Building Name

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Service Center Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Name (Contact Person): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Room Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Provide a brief description of services provided by the Service Center:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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5. List all Banner indexes established to record transactions (revenues & expenses) and their budgets.

Index Number Operating Budget

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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6. Are revenue amounts booked as a contra-entry to an expense index (expense credit)?

a. \_\_\_\_\_ Yes (Please indicate index number(s)) b. \_\_\_\_\_ No

7. Are there any written policies or procedures for this Service Center?

a. \_\_\_\_\_ Yes (Please attach a copy) b. \_\_\_\_\_ No

8. Does the Service Center presently charge users for services provided?

a. \_\_\_\_\_ Yes (Continue with #9) b. \_\_\_\_\_ No (STOP)

9. Are any services provided to (or products sold to) users/customers outside of the University?

a. \_\_\_\_\_ Yes (Please explain; include types of users and services/products) b. \_\_\_\_\_ No

10. What is the approximate amount of billings charged directly to Federal grants and contracts
 annually? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (if none or minimal, so indicate)

11. What is the billing unit(s) used to charge for the services (e.g., labor hours, machine time,
 animal days, number and types of tests performed, etc.)?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please attach a copy of current rates.)

12. Attach your calculations for developing your current billing rates.

13. What is the basis for the billing rate(s)?

a. \_\_\_\_\_ Historical costs b. \_\_\_\_\_ Projected costs

c. \_\_\_\_\_ Combination of historical and projected costs d. \_\_\_\_\_ Other (Please explain)

14. What costs are included in the billing rate(s)? (Check all applicable.)

a. \_\_\_\_\_ Personal Service Expenditures (faculty & classified salaries, wages, fringe benefits, etc.)

b. \_\_\_\_\_ Contractual Services (employee development, health care services, repair & maintenance,
 support services, technical services, transportation services, etc.)

c. \_\_\_\_\_ Supplies and Materials (energy supplies, medical & laboratory supplies, repair &

maintenance supplies, specific use supplies, merchandise purchased for resale, etc.)

d. \_\_\_\_\_ Transfer Payments (contributions & awards, education and training assistance, etc.)

e. \_\_\_\_\_ Continuous Charges (insurance fixed assets, lease-purchase agreements, rent,
 insurance-operations, installment purchases, etc.)

f. \_\_\_\_\_ Agency Services (energy, natural gas, fuel oil, etc.)

g. \_\_\_\_\_ University Services (postal services, telecommunications, etc.)

h. \_\_\_\_\_ Other Operating Expenditures (late payments & other charges)

i. \_\_\_\_\_ Capital Outlay Expenditures

j. \_\_\_\_\_ Property & Improvements (land acquisition, animals, site development, etc.)

k. \_\_\_\_\_ Equipment (computer, education and cultural, electronic & photographic, medical & laboratory,
 motorized, office, stationary, etc.)

l. \_\_\_\_\_ Plant and Improvements (construction of plant & improvements, architectural & engineering fees)
m.\_\_\_\_\_ Expendable Equipment (expenses for computer, educational, etc. equipment that are less
 than $2,000)

n. \_\_\_\_\_ Other (Please explain)

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15. Do the billing rates include any charges or fees in addition to costs?

a. \_\_\_\_\_ Yes (Please explain) b. \_\_\_\_\_ No

16. Do the billing rates include any unallowable costs under federal regulations?

a. \_\_\_\_\_ Yes (Please explain) b. \_\_\_\_\_ No

17. Are all users charged the same rate for services provided?

a. \_\_\_\_\_ Yes

b. \_\_\_\_\_ No (Please indicate what users are charged at different rates than the standard rate,
 and why they are treated differently.)

18. How frequently are revenues and expenses compared to determine if the Service Center is
 operating at a profit or loss?

a. \_\_\_\_\_ Monthly b. \_\_\_\_\_ Quarterly

c. \_\_\_\_\_ Annually d. \_\_\_\_\_ Other (indicate when) \_\_\_\_\_\_\_\_\_\_\_\_\_

19. During the past fiscal year, did the Service Center have a profit or loss?

a. \_\_\_\_\_ Profit $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ b. \_\_\_\_\_ Loss $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

20. Are adjustments to past or future charges made when the Service Center is found to have operated

at a profit or loss for a fiscal year?

a. \_\_\_\_\_ Yes b. \_\_\_\_\_ No

21. If the answer to #20 is "Yes", how are the adjustments made?

a. \_\_\_\_\_ Retroactive adjustments to the billings to users b. \_\_\_\_\_ Adjustments to future billing rates

c. \_\_\_\_\_ Combination of a. and b. (Please explain) d. \_\_\_\_\_ Other (Please explain)

22. When were the billing rates last updated? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

23. Is the person in charge of the Service Center also a user of the Center's services?

a. \_\_\_\_\_ Yes b. \_\_\_\_\_ No

24. Describe the organizational structure of the Service Center and attach a copy of its organization chart:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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25. Provide any other information you believe will be helpful to us in the study:

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26. Affirm: The University's Service Center Policy, to the best of my knowledge, was followed in the
 management of the Center for the fiscal year ended June 30, 2015.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Phone # or e-mail

Please email completed questionnaire to iceppes@vcu.edu.

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