SALES & SERVICE CHECKLIST FOR REVIEW
Revised September 26, 2014

DOM Naming Convention for Word & Excel Application Files

Fund Application/Revision Template (Word) Application
  o As Downloaded from APB website: FundApp.doc
  o Change to: FundApp_FundTitle_RevisionDate.doc
  o EXAMPLE: FundApp_PosterPrinting_09232014.doc

EXCEL Template Application
  o As Downloaded from APB website: Attach.xls
  o Change to: Attach_FundTitle_RevisionDate.xls
  o EXAMPLE: Attach_PosterPrinting_09232014.xls

Fund Application/Revision (Word Template)

General
  o Must use the most recent version of the form found at http://www.apb.ucla.edu/ss.html (Fund Application/Revision Template)
  o Date: Should be date application is submitted to Tsegaye for review. Update Date for each subsequent resubmission to Tsegaye.

Revised To:
  o If applicable, list ALL changes including budget, add/subtract products/services, new customers, title, etc.

Proposed or Existing Fund Title:
  o No longer than 40 characters including spaces.
  o Title must match all other areas in application that require the title.
  o If Revised Application, must match existing title, unless a revised title is requested.

Campus Department/Unit:
  o Include Department/Division, and FS Code, EXAMPLE: Medicine/Cardiology (1553).

Faculty Member Who Accepts Responsibility for This Activity
  o Must be a member of the Academic Senate.

Resident Expert
  o Tsegaye Teshome, teshome@mednet.ucla.edu, x68351.

Question #1 – Goods & Services Offered
  o Briefly describe EACH of the services listed on the Rate List (Attachment 3). Keep it simple!
The titles of the Goods and Services Offered should match EXACTLY to what is listed on the Attachment 3-Rate List and each Attachment 3. Include a justification as to how each of the products/services is unique.

Question #2 – The Need
- Discuss if other campus departments are performing similar services, and if so, why our service is still needed. If it is unknown if other campus departments are providing similar services, provide Tsegaye with a description of the service so he can inquire to APB.
- Why & how does this service fit the University’s mission?
- Who does it affect? Rates should be fair market prices, as compared to other campus service centers and Westwood business.

Question #5b - Subsidies
- TRICKY question! Read it carefully and make sure it was answered correctly.

Question #6 – Rate List/Rate Worksheets
- Complete the Rate List (Attachment 3-Rate List) and Rate Worksheets (Attachment 3-Rate Worksheet) included in the Excel Attachments Template. Do not cut and paste the Excel spreadsheet into the application. Simply state “See attached Rate List.”

Question #7 - Users
- Entire question/answer should be contained on ONE PAGE. Include page break before/after if necessary.
- Students/Faculty/Staff can also include the Public (e.g. community members, etc.).
- If Students are involved, application may take extra time as the Student Fee Advisory Committee (SFAC) needs to approve. Committee is not around during the summer and other breaks. APB office will contact SFAC for approval. Do not contact SFAC directly!
- Federal Contracts/Grants – Issue if there is depreciation involved. Will need a Dual Rate Structure to remove depreciation in order to charge federal contract/grants.
- For revised applications be sure to list the fund number if applicable.
- Make sure ALL possible customers are included. Adding a different category of customer at a later date will require a REVISED application. If there is a slight possibility, then include a small amount (e.g. $500). It’s okay if you never get that type of user.
- Make sure Total at bottom is complete, and amount matches amount listed in Budget Summary (Attachment 5).

Question #8 – Budget Summary & Approvals
- Complete the Budget Summary & Approvals spreadsheet (Attachment 5) included in the Excel Attachments Template. Do not cut and paste the Excel spreadsheet into the application. Simply state “See attached Budget Summary.”

**Attachments (Excel Template)**

*Be sure each Excel spreadsheet is formatted to print on ONE PAGE wherever possible.*
General
  o If you want to alter the forms to add information/calculations, that is fine, but **do not** remove anything.

Attachment #1 – Equipment List
  o Continuation page for Application Question #3. Use only if necessary.
  o If None, list “N/A”.
  o **Useful Life** for equipment depreciation.
  o Cannot charge Equipment directly to S&S fund. Need to establish an Equipment Acquisition Fund. Annual depreciation is charge to S&S, and used to pay back capital loan. Depreciation will make rate go up.
  o If Depreciation/Useful Life is not zero, it will affect Federal users (i.e. Dual Rate Structure), if any.

Attachment #2 – Inventory List
  o Continuation page for Application Question #4. Use only if necessary.
  o If None, list “N/A”.

Attachment #3 – Rate List (Application Question #6)
  o Names of products/services listed **must match** throughout application (e.g. Application Question #1, individual Rate Worksheets, etc.)

Attachment #3 – Rate Worksheet (Application Question #6)
  o Include an individual Rate Worksheet for each produce/service offered (See Rate List).
  o For Sub 00, 01 and 02 be sure to include Name, Payroll Title, Annual Salary and % Time.
  o % Time listed should be based on the overall service, not per unit.
  o For Sub 06, list the benefit rate used for each individual, and whether it is actual or composite.
  o If you have more than one Rate Worksheet, it is **HIGHLY** recommended that you include an overall Rate Worksheet.

Attachment #4 – User List
  o Continuation page for Application Question #7. Use only if necessary.

Attachment #5 – Budget Summary (Application Question #8)
  o Check that the correct FY is filled out. Can be tricky if application is submitted towards end of a FY, and final version is not sent to APB until the following FY.
  o Net Expenditures must match total revenue (Application Question #7).
  o Individual expense categories (e.g. salaries, benefits, supplies, etc) must match total amounts from Rate Worksheets (Attachment 3).
  o Budget must be balanced, i.e. Surplus/Deficit = 0.
  o Printed names of each individual signing should be included below each signature line.
  o After a full and completed review from Tsegaye, have the PI sign.
  o Tsegaye will obtain the following signatures:
    o For Chair: Farah signs an attached Post-It note, so AMF knows it’s okay to sign.
    o CFO: Kristin Kuntz
- Dean/Director/Division Head: Judith Rothman from Dean’s Office.
- Tsegaye will send the hard copy with wet signatures to Craig in the APB office.
- APB Office will obtain the signature of the Vice Chancellor/Provost and the POSSSE Committee Chair once they complete their review.