

## 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?<br><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?<br>If yes, please provide the date of the last detailed review. _____<br>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?<br>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?<br>If yes, does the unit charge the full rate?<br>If yes, what is the rate of mark-up?<br>and the account number that tracks surcharge income?: _____<br>Please estimate the average annual surcharge income generated by this unit _____<br>If yes, does the unit charge the Non-University Differential (NUD)     | BFB A-56***        | _____ | _____ |
| 15. Do you include equipment depreciation in your rate development?<br>Were Federal funds used to purchase any of the depreciated equipment?<br><i>(Federally purchased equipment costs may not be recovered through a recharge rate)</i><br>For depreciation calculation, did you use the useful lives found at UCOP's website/UC Davis CAMS?<br>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
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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
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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