

## RECHARGE PROPOSAL REVIEW NOTES AND CHECKLIST

### RECHARGE REVIEW CHECKLIST

Complete	N/A	
<b>Services and Rate Calculation</b>		
<input type="checkbox"/>	<input type="checkbox"/>	Recharge service(s) are fully identified and described
<input type="checkbox"/>	<input type="checkbox"/>	Rate assumptions are attached and are adequately clear
<b>External Revenue</b>		
<input type="checkbox"/>	<input type="checkbox"/>	A waiver for collection of F&A has been requested and approved (include documentation in file); note in letter
<input type="checkbox"/>	<input type="checkbox"/>	Proposal provides for collection of F&A on external revenue of 26%
<input type="checkbox"/>	<input type="checkbox"/>	Overhead Base Code "L" (OHBCL) has been assigned
<input type="checkbox"/>	<input type="checkbox"/>	Confirm that external revenue has been deposited in the appropriate account (i.e. 42105 - Educational-product/svc sales, 42106 - Educat-product/svc-F&A waived)
<b>User Committee (If Plan is Greater than or equal to \$500,000)</b>		
<input type="checkbox"/>	<input type="checkbox"/>	A user committee has been identified with a member list provided
<input type="checkbox"/>	<input type="checkbox"/>	Proposal includes documentation that the user committee has endorsed the rates
<b>Expenditure Projections</b>		
<input type="checkbox"/>	<input type="checkbox"/>	Costs appear to be reasonable in relation to proposed work scope
<input type="checkbox"/>	<input type="checkbox"/>	Levels of personnel support appear to be reasonable in relation to proposed work scope
<input type="checkbox"/>	<input type="checkbox"/>	Salary, benefits and FTE are calculated correctly
<input type="checkbox"/>	<input type="checkbox"/>	Personnel costs are documented by name, title, % effort and annual salary
<input type="checkbox"/>	<input type="checkbox"/>	Expenditures are listed in sufficient Account detail
<input type="checkbox"/>	<input type="checkbox"/>	A21 unallowable expenditures are not included (see list)
		<b>A21 Unallowable Costs</b>
		* Equipment purchases > \$5,000
		* Capitalized space renovations or improvements
		* Rent, utilities, custodial or occupancy costs for University owned space
		* Mail stop, phone lines, (except fax recharges), phone tolls and LD (tolls and LD allowable if directly related to goods/services provided)
		* Gifts, charitable contributions, political contributions
		* Memberships
		* Administrative support salaries unless effort is directly related to administrative services necessary to support the recharge activity
		* Decorations
		* STIP expense
		* Fines or penalties
		* Travel unless directly related to services necessary to support the recharge activity
		* Advertising expense
		* Any expense already paid by the Federal Government
<input type="checkbox"/>	<input type="checkbox"/>	Generally unallowable expenses approved (including justification)

## RECHARGE PROPOSAL REVIEW NOTES AND CHECKLIST

### Equipment Depreciation (If Budgeted)

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Equipment/renovation depreciation schedule(s) are included in the proposal  |
| <input type="checkbox"/> | <input type="checkbox"/> | Equipment purchased before December 2019 has not BEGUN to be depreciated on the recharge (already counted in the 2019-20 F&A Rate Proposal) |
| <input type="checkbox"/> | <input type="checkbox"/> | Equipment/renovation depreciation schedule(s) has been added to the tracking worksheet  |
| <input type="checkbox"/> | <input type="checkbox"/> | Equipment Useful Life matches OP's Useful Life Schedule   |
| <input type="checkbox"/> | <input type="checkbox"/> | Future annual budgeted depreciation included for multi-year approvals   |

### Working Capital (If Budgeted)

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Working Capital is not more than 16.6% of budgeted expense |
|--------------------------|--------------------------|--|

### Liens

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Liens are included in the carry forward balance or in the current cost pool for rate calculation |
|--------------------------|--------------------------|--|

### Subsidies (If Budgeted)

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Subsidy has been entered into the database record                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Supporting documentation of federal subsidy or program income activity |

### Prior Year Fund Balances (Renewals only)

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Prior year balance as a % of proposed expense: _____ %                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | If greater than 16.7% (excluding working capital for surplus balances), list issue(s): _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Prior year balances are reflected accurately in rate calculation(s)                          |
| <input type="checkbox"/> | <input type="checkbox"/> | Review prior year approval letter for any stipulations                                       |

### Overall Budget

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Fund balances match the ledger (adjusted for transfer of STIP expense and/or other adjustments) |
| <input type="checkbox"/> | <input type="checkbox"/> | The budget breaks even  |

### APPROVAL LETTER CHECKLIST (NEW OR RENEWAL)

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Control # is not duplicated   |
| <input type="checkbox"/> | <input type="checkbox"/> | Annual Plan   |
| <input type="checkbox"/> | <input type="checkbox"/> | Prior Year surplus/deficit  |
| <input type="checkbox"/> | <input type="checkbox"/> | Planned working capital   |
| <input type="checkbox"/> | <input type="checkbox"/> | If prior year balance was > 16.7% of proposed expense, caution department regarding validity of business plan |
| <input type="checkbox"/> | <input type="checkbox"/> | Project ID(s) requested and end dates updated   |
| <input type="checkbox"/> | <input type="checkbox"/> | UBIT Questionnaire attached (for new rates with external revenue is > 5% and/or \$1,000)                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Subsidy application, amount and source  |
| <input type="checkbox"/> | <input type="checkbox"/> | CC Government & Business Contracts Unit (Janellyn Chiu) in Approval Letter (if external rates are included)   |
| <input type="checkbox"/> | <input type="checkbox"/> | Recharge Database record updated  |
| <input type="checkbox"/> | <input type="checkbox"/> | Box UCSF Approved Recharge Rate Table updated   |