

# Application for New Core Facility/Recharge Center Fund Number

Date: \_\_\_/\_\_\_/\_\_\_

Core Facility/Recharge Center Title: \_\_\_\_\_

PI/Facility Director: \_\_\_\_\_ Phone: \_\_\_\_\_ email: \_\_\_\_\_

Division/Department (if applicable): \_\_\_\_\_

Business manager/Administrator: \_\_\_\_\_ Phone: \_\_\_\_\_

email: \_\_\_\_\_

Names of the personnel authorized to receive monthly profit/loss statement: \_\_\_\_\_

Core facility location: Hospital: \_\_\_\_\_ Bldg: \_\_\_\_\_ Floor: \_\_\_\_\_

Room: \_\_\_\_\_

## Budget information:

	Year 1	Year 2	Year 3
Salaries and wages	\$	\$	\$
Fringe benefits	\$	\$	\$
Consumable supplies	\$	\$	\$
Non-Capital equipment(s)	\$	\$	\$
Other expenses	\$	\$	\$
Total Projected Annual Budget	\$	\$	\$

*In the event that the recharge center/core facility fund requested above falls into deficit (exclusive of legitimate receivables) I authorize Research Management to transfer funds from the PS Fund number below to cover both the direct and the indirect costs, in accordance with the established deficit management resolution plan.*

Guarantor Account PS Fund number: \_\_\_\_\_

PI/Core Director: \_\_\_\_\_

Signature: \_\_\_\_\_

Department Chairperson/Chief: \_\_\_\_\_

Signature: \_\_\_\_\_

Note: An approved business plan and budget must be submitted along with this request.

Please forward completed forms to **Narayanaswamy Ramesh PhD**, Sr. Manager, Research Core Facilities Office, email: [nramesh@partners.org](mailto:nramesh@partners.org)

**Please do not write below this line**

*For RCFO use*

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsor code: 0 (Misc) Agreement type (AT): M (Misc/Other) Activity type (AT): 02 (Recharge center)

Chief of service (CS): \_\_\_\_\_ Indirect cost base (ID): 6 (0) Account cycle (AC): P (project)

Start date: / / End date: / / PHS Fund Code: **Research Sundry**

**Last Updated 04/18/2016**