

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

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