

NORTH CAROLINA STATE UNIVERSITY
Office of Contracts and Grants
Service Center Use Rate Calculation Form

Form CG-006

PLEASE REFER TO INSTRUCTIONS BEFORE COMPLETING FORM

SERVICE CENTER NAME: _____	1-1
BUILDING NAME: _____	1-2
ROOM NUMBER(S): _____	1-3
EFFECTIVE DATE: _____	1-4
FAS ACCOUNT NO: _____	1-5
SL: 3- _____	GL: 0- _____

I DIRECT COSTS

Salaries & Wages (if additional space is needed, attach separate page)

Employee Name	Position Title	% Of Total Effort	Service Center Salary	• Service Center Fringe	ANNUAL COST
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

*Fringe Benefits (See instructions for benefit rates) **Total Service Center Salaries:** \$ _____ 1-6

Total Service Center Fringes: \$ _____ 1-7

Maintenance Contracts _____ 1-8

Repairs _____ 1-9

Technical Supplies _____ 1-10

Travel _____ 1-11

Other (list): _____ 1-12

TOTAL DIRECT COSTS \$ _____ 1-13

11 FACILITIES & ADMINISTRATIVE COSTS (indirect Costs)

Equipment Depreciation (Details on Page 2) \$ _____ 1-14

Equipment Depreciation Write Off (Details on Page 3) _____ 1-15

Building Use Charge - [Net Bldg Cost x (Sq. Ft occupied Total Bldg Sq. Ft) x 2%...] _____ 1-16

Show Calculation Here:

Physical Plant - Square feet occupied x \$9.21 per square foot _____ 1-17

General Administration - Total direct costs x 4.9% _____ 1-18

Departmental Administration - Total direct costs x 12.5% _____ 1-19

TOTAL FACILITIES & ADMINISTRATIVE COSTS (indirect Costs) \$ _____ 1-20

TOTAL COSTS (Direct + F&A) \$ _____ 1-21

III UTILIZATION (Units : _____) Item No. 1-22 _____ 1-23

IV USE RATE (Total Costs/Utilization) \$ _____ 1-24

SUBMITTED BY: _____ 1-25
 Name & Title College or Department Date

APPROVED BY: _____ 1-26
 Name & Title College or Department Date

RATE APPROVED: _____ 1-27
 Earl N. Pulliam - Director, Office of Contracts and Grants Date

Contracts & Grants use only
CAS Code: _____