**to be used for charges requested by primary and service units**

**(examples include requests for a new premium service, parking service fees, university children’s center rates, office of extended learning non-credit rates, Registrar clearinghouse fees, and damage or replacement costs)**

**Category B Requests are required for any monetary amount that may be charged to or collected from faculty, staff or outside entity, and student charges not included in Cost of Attendance**

**CHOOSE ONE:** [ ]  **Premium Service** [ ]  **New Charge** [ ]  **Increase to Current Charge or Fee**

**If charge is related to Damage or Replacement Costs - UND Legal Counsel MUST approve your contract/agreement with user prior to submission of this request**

1. **Department Information:**

Requesting Unit: Contact Person:

Contact Person Position Title: \_\_\_\_\_\_ Phone: Email: \_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Premium Service Request (to be completed if “Premium Service” box is checked above by Service Units Only):**

Premium Service to be offered:

 [ ] Additional Services [ ] Increased Frequency [ ] Faster/Priority Service [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ] Punitive (Excess Amount/Missed Deadline/Corrections) (Please provide trending information below to define

 what is excessive).

Requested Effective Date: ­ / /\_\_\_\_\_\_

Submission Deadline for New Premium Service Requests: Must be submitted by the Service Unit Director no later than **September 15th \*** to coincide with Service Unit’s fall budget planning meeting for the next fiscal year.

Additional Information:Complete questions on **page** **two** of this form.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**III. New Charge or Fee (to be completed if “New Charge” box is checked above):**

 Submission Deadline for New Charges:

 For Service Units: no later than **September 15th\*** to coincide with fall budget planning meeting for the next fiscal year.

 For Primary Units: no later than **February 15th\*** to coincide with spring budget meetings.

Requested Amount to be charged: $

Requested Charge/Fee Name: \_\_\_\_\_\_

Fund # (if known) Department # Account #

Project or Program # (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Requested Effective Date: ­ / /\_\_\_\_\_\_

Additional Information:Complete questions on **page** **three** of this form.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IV. Increase to Current Charge or Fee (to be completed if “Increase to Current Charge or Fee” box is checked above):**

Submission Deadline for New Charges:

 For Service Units: no later than **September 15th\*** to coincide with fall budget planning meeting for the next fiscal year.

 For Primary Units: no later than **February 15th\*** to coincide with spring budget meetings.

Current Charge or Fee Amount: $ New Requested Amount: $ \_\_\_

Current Charge/Fee Name: \_\_\_\_\_\_

Fund # Department # Current Balance $

Project or Program # (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Requested Effective Date: ­ / /\_\_\_\_\_\_

Additional Information:Complete questions on **page** **three** of this form.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Primary or Service Unit Director

**Primary/Service Unit Director submit completed request to Resource Planning and Allocation:** **UND.RPA@UND.edu**

**\*Exemptions to Deadlines must be requested to the Office of Resource Planning and Allocation**

**Page 2 - Rationale for New Premium Service:**

1. Delineate why it is a premium service, rather than a base service.
2. Which primary unit(s) will this premium service effect?
3. How did you determine you have the capacity to offer a premium service?
4. What will be the cost to primary unit(s) for the new premium service?
5. How did you arrive at this figure?
6. What percentage of your current budget is the cost to offer this new premium service?
7. What would you do with excess funds should this premium service generate a carry forward balance?

Note: The Office of Resource Planning and Allocation will run financial reports and attach to requests as needed.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Review:**

Office of Resource Planning and Allocation \_\_\_/\_\_\_/\_\_\_

**Approvals:**

Business Charges Committee \_\_\_/\_\_\_/\_\_

**Notifications:**

Applicant \_\_\_/\_\_\_/\_\_\_ Council of Deans \_\_\_/\_\_\_/\_\_\_ Controller \_\_\_/\_\_\_/\_\_\_

If this request is approved, it is the responsibility of the Service Unit Director to complete the [Premium Service Agreement](file:///C%3A%5CUsers%5Cjen.rogers%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CPremium%20Services%5CAgreements%5CTemplate%20-%20Premium%20Svcs%20Agreement%2001-25-19.docx) with the unit to which the service is being provided - and provide a signed copy of that agreement to the Office of Resource Planning and Allocation within two weeks of the agreement being signed.

**Page 3 - Rationale for New Charge/Fee or Increase in Current Charge/Fee:**

|  |
| --- |
| 1. Provide an overview the purpose of the charge/fee, i.e., why it needs to be assessed and, if applicable, previous fee history.
 |
| 1. Provide a detailed estimate of revenue to be generated by this charge/fee.
2. Provide a detailed estimate of how dollars will be expended and a timeline for these expenditures.
3. Attach any additional documentation that has not been requested above that would be helpful in reviewing this request.

Note: The Office of Resource Planning and Allocation will run financial reports and attach to requests as needed.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Review:**Office of Resource Planning and Allocation \_\_\_/\_\_\_/\_\_\_ **Approvals:**Business Charges Committee \_\_\_/\_\_\_/\_\_ **Notifications:**Applicant \_\_\_/\_\_\_/\_\_\_ Council of Deans \_\_\_/\_\_\_/\_\_\_ Controller \_\_\_/\_\_\_/\_\_\_ Student Finance Office \_\_\_/\_\_\_/\_\_\_If this request is approved – and a new fund is needed – applicant must complete a [fund request form](https://campus.und.edu/finance/procurement-and-payment-services/_files/docs/forms/und-fund-number-request.pdf).  |