**Write name of person requesting center maintenance, phone #, department, and date.**

**Requestor:**   **Phone #: Department: Date:**

Selection here is limited to one category. Mark the appropriate box under the heading for the center, internal order, or project needed.

**CREATE: DEACTIVATE: CHANGE:**

**[ ]  Center** **[ ]  Center** **[ ]  Center**

**[ ]  Internal Order [ ]  Internal Order [ ]  Internal Order**

**[ ]  Project [ ]  Project [ ]  Project**

**Specify center name, cost or profit number if changing or deactivating, and description of center.**

**Center Name (20 characters): Name is limited to 20 characters with first 3 (or 4 for COM) reserved for division indicator.**

**Cost Center/ Internal Order/ Project Number (if Changing or Deactivating):**

**Profit Center Number (if Changing or Deactivating):**

**Center Description (40 characters): Description limited to 40 characters with first 3 (or 4 for COM) reserved for division indicator.**

**Mapping to a node involves several levels. The first node or Level 1 will always be UAMS. The second node or Level 2 will be the division node (ex: CPH0001 for College of Public Health). The Level 3 node is the department (ex: CPH0002 for Dean’s Office). Level 4 node is the sub-department (ex: CPH0003 for Operations). Level 5 node can be another sub-department (ex: CHP0004 Administration). Level 6 node is center level only (ex: 1001989 CPH DO Grants). It is not necessary to utilize all 6 levels. Individual divisions have opted to map to either the 4th, 5th or 6th level.**

**Each center can be “linked” to a specific Fund. This will limit the center’s activity to one Fund. Please include a Fund number if you want to limit its use to one Fund.**

**MAPPING NEEDS:**

**Fund:**  **Level 1 Node:**  UAMS **Level 2 Node (Division):**

**Level 3 Node (Dept.): Level 4 Node (Sub-Dept.):**  **Level 5 Node:**

List source of funding for the new center if it will be transferred in. If funding will be supplied by revenues generated please add brief description of revenues to be generated.

**Source of funds for Profit center/ Internal Order/ WBS element:**

#### If closing a center, indicate recipient of remaining balance or source of funds to cover deficit.

**Disposition of balance/ deficit to deactivate center #:**

**Mark the box that applies to the new center.**

**PURPOSE (Functional Area):**

**[ ]  Instruction - instruction programs (excluding tutorial instruction), credit/noncredit courses, academic, occupational, and vocational instruction plus regular, special, and extension sessions**

**[ ]  Research – activities organized to conduct research whether funded by an external agency or internally funded.**

**[ ]  Public Service – non-instructional services beneficial to individuals or groups external to the institution; community service programs and cooperative service programs including conferences, institutes, general advisory services, radio & television, etc.**

**[ ]  Academic Support – support services for institution’s primary missions of instruction, research, and public service (examples: library, academic computing and curriculum development)**

**[ ]  Student Services – offices of admissions & registrar and student activities outside the context of formal instruction (examples: tutorial/remedial educational services, counseling, student newspapers, intramural athletics, student organizations, student aid administration and social events)**

**[ ]  Institutional Support – Central executive-level management activities, fiscal operations, institutional development, fund raising, human resources, procurement, storerooms, security, printing and transportation services to the institution.**

**[ ]  Operations & Maintenance - current operating funds for operation & maintenance of physical plant, ground & facilities and utilities**

**[ ]  Scholarships – grants to students selected by institution, trainee stipends, prizes & awards, except trainee stipends awarded to individuals who are not enrolled in formal course work**

**[ ]  Auxiliary – (Fund 114 only) furnish goods or services to students, faculty, or staff (self-supporting activities)**

**[ ]  Patient Care – All University Hospital activities, physician services related to treatment and care of patients or the administrative expenses associated with such activities.**

**[ ]  Other (Please describe.) –**

**Fill this out for center location.**

**Is the Department located On-Campus?** **[ ]  Yes** **[ ]  No**

**If Off-Campus, provide location:**

##### Give name of Department Administrator along with phone #, mail slot, and effective date for center. For centers

##### with an expiration date, write the end date on the line provided. Every authorized person for the center must sign

**and print name in box below.**

**Department Administrator:** **Phone Number: Mail Slot:**

**Effective Date: End Date:**

**Authorized Individuals:**

**SIGNATURE: PRINT:**

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**Comments:**

**HUMAN RESOURCES INFORMATION REQUIRED FOR NEW CENTERS:**

**Will people and positions be assigned to this center as a home department?** **[ ]  Yes** **[ ]  No**

**If YES, please send the applicable information to Human Resources.**

**TO BE COMPLETED BY FINANCE:**

**Assigned Cost Center/ Order/ Project Number:**

**Assigned Cost Center/ Order/ Project Name:**

**Assigned Profit Center Number:**

**Assigned Profit Center Name:**

**Assigned Fund Center Number:**

**Assigned Fund Center Name:**

**Funds:**

**Function Code:** **CFDA:**

**On / Off Campus:**  **IDC Rate:**

**Cognizant Agency: Granting Agency:**

**Approval: Input by: Date:**