Department/Unit Information

Unit/Department:          Date: 
Lab/Group Name:          
Name of Contact:         ☐Start-Up Funds   ☐Equipment Cost Share
Name of PI:              
Website:                

Risk Assessment

Describe the tests and/or services:

Explain what CU provides in this offering, including deliverables (i.e. test results, data, processed product).

Are the tests and/or services:                  Expected project/service length:
☐ Standard   ☐ Customized

Display the value range of these items (if these were lost or damaged, can they be easily replaced or is there some liability? Are there confidentiality considerations?)

What is the risk of loss of these items? (What are the situations that would lead to loss?)

Will representatives of the customer be onsite in the service center?
☐ Yes   ☐ No

If yes:
  • Check any of the following that apply:
    ☐ Mandatory Training  ☐ Operating Equipment  ☐ Lab Oversight
  • What equipment will they be operating/utilizing?

Contract Terms & Conditions

If the customer is not satisfied with the results, what is the potential cost of correcting required deliverables? (labor cost to rerun experiment, materials, etc.)
Are the data results available for:

☐ CU unit to use for future research  ☐ Sole use of contracted agency

Do any of the following apply? If yes, please describe.

☐ Export Controlled:  ☐ Human Subjects:
☐ Conflict of Interest (COI):  ☐ Hazardous Materials:
☐ Intellectual Property (IP):  ☐ Confidentiality:

### Activity Profile

Is the facility currently working with internal/external groups on services?

☐ Yes  ☐ No

Potential users (check all that apply):

☐ Other CU Groups  ☐ External Entities  ☐ Other

Applications:

Potential Areas of Use:

Industry Sectors:

Describe the work space(s):

- Building(s)/Room #(#s):
- Is the work space used primarily for this activity? If not, describe other activities.
- What square footage of room is used for these services (space & time):
- Equipment – List each unit of equipment that will be utilized.

<table>
<thead>
<tr>
<th>Equipment Used (Name)</th>
<th>CU Property Tag Number</th>
<th>Types of Tests</th>
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Equipment/facility available:

☐ Schedule as Available  ☐ Generally Available

Scheduling contact name:  Phone:  Email:
How to schedule/preference: ☐ Phone  ☐ Email  ☐ Other:
EXTERNAL SALES ACTIVITY INFORMATION

Rates & Billing

Unit/Department Billing Contact Name: Phone:

Current invoicing roles and responsibilities:

Invoicing: Deposits/Collections:
Journal Entries (invoicing, deposits, depreciation, etc.):

Is there an existing formal service center rate established? If yes, provide the internal service center rate sheet.

☐ Yes  ☐ No

Are the following included in the existing rate?  ☐ Repair & Replacement  ☐ Depreciation

Identify all speedtypes (including fund 78 accounts) currently being utilized for expenses and payment processing for this type of work.

Is sales tax applicable?  ☐ Yes  ☐ No

Will shipping be involved in providing the customer the deliverables/capabilities?  ☐ Yes  ☐ No

Are credit cards currently accepted?  ☐ Yes  ☐ No

If yes, please describe what unit is responsible for processing, and how credit card payments are processed (i.e. phone, website, etc.).

Do you know of other entities/groups that offer similar services? (we are not able to compete with for-profit companies for similar offerings)

☐ Yes  ☐ No

If yes, identify the entities, their rates, and how the services may vary (time frame, level of precision, etc.)

Who will be conducting the work? This is to understand the implications for covering the labor cost. List job titles for personnel (tenure track faculty, research faculty, OEP, grad student, undergrad student, etc.). Identify AY Faculty.

Comments

Additional Comments: