

SAMPLE FORMAT TO REQUEST APPROVAL OF THE 10% GROSS SPECIAL ASSESSMENT RATE

Memorandum

To: Chief Geologist
Through: Associate Chief Geologist for Program Operations
Regional Geologist
From: [Chief Scientist]
Subject: Request to Apply the Reimbursable Special Gross Assessment Rate of 10%

Approval is requested to apply the special gross assessment rate of 10% (8% Division and 2% Cost Center) on Reimbursable Funding in FY 2000 as follows:

Outside Funding Source: _____
Brief Description of Agreement: _____
Period of Performance: _____ Agreement Total: \$ _____

FY 2000 Reimbursable Funding (Estimate):

Portion of funding to be allotted at full Division and Cost Center: \$ _____
Portion of funding to be allotted at special 10% gross assessment rate: \$ _____
Total FY 2000 gross allotment: \$ _____

Justification (Check one):

- Reimbursable equipment procurements of \$20,000 or more. Description of equipment to be procured: _____
- Pass through funding to outside entity in Excess of \$20,000 - no salary expenses incurred. Provide name of entity receiving funds and purpose of "pass through": _____

Programmatic benefits to be derived if Special Rate is approved: _____

Attachment: Copy of signed reimbursable agreement or proposal.

Approved: _____ Disapproved: _____ Date: _____
Chief Geologist Chief Geologist

Note: special rate approvals are for current year only