



Instructions:

- Use this form to register as a University Service Provider (“USP”), in accordance with [Policy 1410 University Service Providers](#).
- Only Units registering for the first time should use this form. Annual renewals are completed according to [Procedure 1410 PR.01 Registration and Annual Renewal](#).
- Certain sections of this form require supplemental attachments (e.g., a rate calculation). Attach additional pages, as necessary.

Section I – Description of Operations			
a. USP name:		b. USP type:	
c. USP department:			
d. USP operations location(s) (building name & street address):		d1)	
		d2)	
		d3)	
e. USP operations location(s) within building (room number(s) or, if USP occupies an entire floor, floor number(s) for each building):		e1)	
		e2)	
		e3)	
f. USP business office location(s):		f1)	
		f2)	
g. USP website URL (if applicable):			
h. Description of the USP’s customers and products and/or services:			
i. Is there another Yale USP that provides similar products or services? If yes, please identify the USP:			
j. Are animals involved in either the production or provision of this USP’s goods and/or services? j1. If yes, please explain the involvement of animals:		j) <input type="checkbox"/> Yes <input type="checkbox"/> No	
		j1)	
k. Will journal entries be done manually or through Secure File Transfer Protocol (“SFTP”) processing?			
l. Will the USP have external revenue? l1. If yes, is any portion of the external revenue from an international source(s)? l2. If yes, from which country(ies)?		l) <input type="checkbox"/> Yes <input type="checkbox"/> No	l1) <input type="checkbox"/> Yes <input type="checkbox"/> No
		l2)	
m. Will the USP provide products or services to any affiliated entities with agency accounts? (Agency accounts utilize a company other than CO01 (Yale University) and utilize cost centers with the format “NCxxxx.” To obtain a list, run “Cost Center Details – Yale” for cost center code contains “NC.”)			<input type="checkbox"/> Yes <input type="checkbox"/> No
n. Description of the USP’s method for capturing customer charging instructions from knowledgeable individuals and for preparing journal entry charging instructions from that information:			
o. Billing cycle:		<input type="checkbox"/> Calendar month <input type="checkbox"/> Alternate method (i.e., 21 <sup>st</sup> of month A through 20 <sup>th</sup> of month B)	

Section II – USP Contacts			
Staff	Name	Email	Phone
USP Director or Senior Manager:			
Lead Administrator:			
USP Billing Coordinator:			
Faculty Sponsor:			

Section III – Sponsored Award Charging Information (complete for SSFs and RCs <u>ONLY</u> )	
Skip this section if the USP is a CAU, ASU, or OSPU. If this USP is an SSF or RC, select one option below:	
The USP services identified above <input type="checkbox"/> will be charged to sponsored awards during the upcoming fiscal year.	
<input type="checkbox"/> will <u>not</u>	
<b>Additional attachments:</b>	
<ul style="list-style-type: none"> <li>If you selected “will” above, you <b>must submit</b> a Rate Schedule with this registration. The required Rate Schedule form (unless an exception has been granted) is <a href="#">Form 1410 FR.02 University Service Providers: Rate Calculation Form</a>.</li> <li>If you selected “will <u>not</u>” above, a Rate Schedule is not required with this registration, but the USP must submit a waiver certifying that it will not charge sponsored awards during the upcoming fiscal year.</li> </ul>	
<p><b>Note:</b> If the situation changes during the fiscal year and the above-registered USP changes its USP classification or the answer to the question in this section, contact <a href="mailto:isp@yale.edu">isp@yale.edu</a> to report the change as soon as it is known. It is possible a Rate Schedule will be required at that time. If at any time sponsored awards are charged without an appropriate USP classification or Rate Schedule form on file, those charges are subject to removal from the sponsored award, as determined by OSP.</p>	

Section IV – Review Information	
Select one option below:	
The USP services identified above fall under the jurisdiction of:	
<input type="checkbox"/> Yale School of Medicine <input type="checkbox"/> Yale Central Units – Science Hill <input type="checkbox"/> Yale Central Units – All Other	

Section V – Lead Administrator Certification	
By signing below, I certify that I am the lead administrator responsible for the service provider identified above and that the information contained within this form, and attached hereto, is true and accurate to the best of my knowledge. If at any time this information changes, I will make every reasonable effort to document those changes and submit the relevant information to <a href="mailto:isp@yale.edu">isp@yale.edu</a> .	
Lead Administrator Signature:	Date: