**Instructions:** Use this form to request approval to sell services to external customers. Per [Procedure 2100 PR.02](https://your.yale.edu/node/52781) *External Sales Approval Process*, Requestors should use this form if they cannot certify the statements contained on [Form 2100 FR.01](https://your.yale.edu/node/52786) *External Sales Approval Request – Short Form*.

Submit completed form to your Lead Administrator and your Dean or Vice President, or their designee, for review and approval. Once approved, submit completed form and the email thread indicating approval through the [ESAP Request Portal](https://yalesurvey.ca1.qualtrics.com/jfe/form/SV_0TyEdmeWf6ECcpT).

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| **Section I – Requestor Information** |
| **Requestor Name:** | Click here to enter text. | **Email:** | Click here to enter text. |
| **Position / Title:** | Click here to enter text. | **Phone:** | Click here to enter text. |
| **Principal Investigator:** | Click here to enter text. | **Email:** | Click here to enter text. |
| **USP name (if applicable):** | Click here to enter text. | **USP number:** | Click here to enter text. |
| **Yale unit/department:** | Click here to enter text. |

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| **Section II – Proposed External Sales Information** |
| **1. Provide a description of the proposed services to be provided (list any physical or digital deliverables to the customer):**  |
| Click here to enter text. |
| **2. Provide the reasons for wanting to sell these services externally:** |
| Click here to enter text. |
| **3. Provide the anticipated customer base (indicate whether any customers may be international customers):** |
| Click here to enter text. |
| **4. Provide explanation for why non-Yale individuals, if any, may need to come on campus as part of the external sale:** |
| Click here to enter text. |
| **5.**  **Provide a list of services to external customers offered as Equipment-Access Services (in which external customers come to Yale facilities and use equipment for their work/research), if any:** |
| **Name of services:** |
| Click here to enter text. |
| Click here to enter text. |
| Click here to enter text. |
| Click here to enter text. |
| Click here to enter text. |
| **6. Describe how the services will be marketed:** |
| Click here to enter text. |
| **7. Explain how provision of these services will be balanced with ensuring the resources are available for Yale’s mission:** |
| Click here to enter text. |
| **8. Provide a list of all Yale space to be used to provide the services:** |
| **Building** | **Rooms** |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| **9. Provide a list of all capital assets, including fixed equipment and software (excluding MEI, which is addressed below), that may be used to provide the services:** |
| **Asset Description** | **Project Number** |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| **10. Provide a list of all moveable equipment (MEI) that may be used to provide the services (fully depreciated, but still in service MEI should be included):** |
| **Asset Description** | **MEI Tag Number** |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| **11. Provide a general description of the materials and supplies (including minor equipment acquired for less than $5,000 each) that may be used to provide the services. Also provide a general description of the funding sources for the materials and supplies (e.g., revenues from these proposed external sales, departmental funds, grants, etc.), specifically:** * + - **Were materials and supplies purchased with federal funds?**
		- **If yes, is the aggregate (not per unit) value of the materials and supplies valued at greater than $5,000?**
 |
| Click here to enter text. |
| **12. For any technology (e.g., devices, tools, reagents, software, animal models) that may be used to provide these services:*** + - **Identify any such technology that is NOT available commercially and list the supplier. Either provide the agreement under which it was obtained (e.g., a license or material transfer agreement), or indicate how to obtain it; and**
		- **Identify any such technology that was developed at Yale and provide literature references if available. Indicate whether the technology was disclosed to Yale Ventures, and**
		- **Identify any such technology that was obtained by Yale through a material transfer agreement (MTA). If the MTA was not executed by OSP, provide a copy of the MTA.**
 |
| Click here to enter text. |
| **13. Provide a list of all Yale people (faculty, staff, students, and postdocs) who may be involved in providing services. For each Yale employee, list the funding sources. For each student and postdoc, explain how the activity will provide a learning experience that advances their education goals, and confirm that students and postdocs will be free to use and disclose details of the experience in their academic and career pursuits:** |
| **Name** | **Faculty/Staff/****Student/Postdoc** | **Funding Sources – OR – Description of Learning Experience** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **14. Provide information on pricing for external sales, including:*** + - **Cost of providing services to external customers: Use** [**Form 1410 FR.14**](https://your.yale.edu/policies-procedures/forms/1410-fr14-internal-service-providers-rate-calculation-manual) ***Internal Service Providers: Rate Calculation Worksheet*, or comparable approach;**
		- **Proposed external customer rates: Refer to the *Provost’s Office Guidance Regarding Pricing for External Customers* posted on the** [**External Sales Resources site**](file:///%5C%5Cbo-server%5CExternalSales%5CExternal%20Sales%20Process%20Development%5C2022%2003%20ESAP%20Request%20Form%5CFAQs%20Regarding%20the%20Fair%20Market%20Value%20%28FMV%29%20Analysis%20for%20ESAP)**;**
		- **Fair market value (“FMV”) comparable rates: Use** [**Form 2100 FR.05**](https://your.yale.edu/policies-procedures/forms/2100-fr05-external-sales-fair-market-value-fmv-analysis-template) ***External Sales Fair Market Value (“FMV”) Analysis Template,* or comparable approach; and explain source of FMV rates or why FMV rates are not available): (refer to *FAQs Regarding the Fair Market Value (FMV) Analysis for ESAP* posted on the** [**External Sales Resources site**](file:///%5C%5Cbo-server%5CExternalSales%5CExternal%20Sales%20Process%20Development%5C2022%2003%20ESAP%20Request%20Form%5CFAQs%20Regarding%20the%20Fair%20Market%20Value%20%28FMV%29%20Analysis%20for%20ESAP) **for guidance on documenting); and**
		- **Explanation/justification for proposed rates, especially if an exception to the *Provost’s Office Guidance Regarding Pricing for External Customers* is requested.**
 |
| Click here to enter text. |
| **15. For each of the categories below, indicate “Yes” for any non-Yale items that may be brought onto Yale property to provide the proposed services.*****Note*: Non-Yale research materials indicated below are defined as gases, materials, or items (hazardous or otherwise) that contain any of the following substances: biological, chemical, and/or radioactive materials.** |
| **Category of Non-Yale Items** | **Indicate “Yes” or “No”** | **If “Yes,” provide an explanation and description below of how the non-Yale item(s) will be handled safely and securely. Also list individuals who will be involved in the use or handling of these items.** |
| Biological research materials | [ ]  Yes [ ]  No | Click here to enter text. |
| Chemical research materials | [ ]  Yes [ ]  No | Click here to enter text. |
| Radioactive research materials | [ ]  Yes [ ]  No | Click here to enter text. |
| Tools or equipment | [ ]  Yes [ ]  No | Click here to enter text. |
| Software or data | [ ]  Yes [ ]  No | Click here to enter text. |
| Other physical or intangible property | [ ]  Yes [ ]  No | Click here to enter text. |
| **16. Does the requesting department/USP use Workday Non-sponsored Accounts Receivable (AR)?** | [ ]  Yes [ ]  No |
| **17. If confidential information is received from the customer necessary to perform the work, describe the type of information provided, who will handle the confidential information, and how confidentiality of data is maintained:** |
| Click here to enter text. |
|  |
| **Section III – If the requested services require shipping any materials or products,** [**eShipGlobal**](https://yale.eshipglobal.com/) **must be used in accordance with Yale’s** [**Policy 1430 *Shipping*.**](https://your.yale.edu/policies-procedures/policies/1430-shipping) |
| [ ]  | **Certification: By checking this box, I, as the Requestor, certify to comply with Yale’s** [**Policy 1430 Shipping**](https://your.yale.edu/policies-procedures/policies/1430-shipping)**,** **including the use of** [**eShipGlobal**](https://yale.eshipglobal.com/) |

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| **Section IV – Workday Accounts Receivable – for YSM requests and those that checked Box 16 as ‘Yes’ above.** |
|[ ]  **Certification: By checking this box, I, as the Requestor, certify that the unit/department staff are fully trained on Workday AR and the proposed external sales will be processed through Workday AR.** |

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| **Section V – Associate Controller for YSM Approval – for YSM requests only** |
|[ ]  **Certification: By checking this box, I, as the Requestor, certify that the service provider rates have been reviewed by the Associate Controller for YSM for compliance with** [**Policy 1410**](https://your.yale.edu/policies-procedures/policies/1410-internal-service-providers) ***Internal Service Providers*.** |

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| **Section VI – Requestor Certification** |
|[ ]  **Certification: By checking this box, I, as the Requestor, certify that the above statements are true and apply to this request for approval to sell services to external customers, to the best of my knowledge.** |