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| **CORE/SERVICE CENTER PRE-APPLICATION** Pre-Application for status as a Northeastern University Service Center  The University Core Oversight Committee provides oversight, reviews proposals and analyzes and approves the rates charged to users for their services. The director of the core has responsibility for its operational and financial management. Below outlines the pre-application for establishing a new Core or Service Center. | | | |
| Name of the Service Center | | | Date of application |
| Proposed Service Center Launch Date | | |
| **SERVICE CENTER CONTACT** | | | |
| First Name | Middle | Last Name | Title |
| College(s) and/or Center Affiliation(s) | | | Department |
| **TARGET CUSTOMER/MARKET** | | | |
| Please provide the customer base (i.e. internal to NU/external). | | | |
| |  | | --- | | **MISSION OF THE SERVICE CENTER** |   Describe the mission of the Service Center; attach additional pages as needed. | | | |
| **BUSINESS CASE OF THE SERVICE CENTER** | | | |
| Please provide a justification on the business need along with any market research that has been performed  Do comparable facilities exist nationally outside the University? If so, please list them; Please provide the list of services that will be provided. Attach additional pages as needed. | | | |
| **EQUIPMENT** | | | |
| Please provide a list of equipment along with funding; attach pages as needed.  a. Please provide budget number and grant number if applicable  b. Please provide the status of all equipment (on campus, PO issues, etc.) | | | |

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| **SERVICE CENTER SPACE** |
| Does the Service Center currently have allocated space?  Yes  No |
| If yes, please provide  approximate square footage: Building: Room(s): |
| Will the current space require renovations?  Yes  No |
| Is additional space needed for the Service Center?  Yes  No |
| If yes, provide  approximate square footage: |
| **LETTERS OF SUPPORT** | |
| Please provide letters of support with signatures from both the Department Chair and Dean. ***All pre-applications will be returned without review if letters of support from both Chair and Dean are not included.***Attach additional pages as needed. | |

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| **APPLICANT SIGNATURE** |  |
|  | Date |