Nebraska Research Initiative (NRI)
NRI Funded Research Facilities and Research Cores
FY Annual Report and Funding Request

All NRI-funded research facilities and cores must complete an annual report and funding request following the format outlined below. These documents will be compiled and submitted by their campus research office to the Office of the Executive Vice President and Provost at the University of Nebraska (Central Administration/UNCA) on or before October 15th.\(^1\) Centers that administer multiple cores should include reports and budgets for each core, plus a brief “administrative” report and budget.

**Report Elements/Instructions**

1. **Background**

   - **Research Service Capabilities**
     Describe the basic functions and purpose of the research core (or research facility)\(^2\).

   - **Leadership and Management Structure**
     Name the person who is directly responsible for overall leadership of the core (Director), describe their role in operations, FTE spent managing the core, and indicate their job title. If applicable, describe the reporting relationship of the core director to other administrators (Center Directors, Department Heads, Deans, etc.) Note any leadership changes within the core that took place during the reporting year.

   - **Personnel**
     Describe the number (FTE) and professional qualifications of personnel who help operate the facility during the reporting period (excluding individual(s) listed above). Describe any personnel changes that were made (new/replacement hires, FTE, and/or qualifications).

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\(^1\) Campus research offices will set their own deadlines in order to meet the October 15\(^{th}\) UNCA due date.

\(^2\) As appropriate, substitute “Research Facility” for “Research Core” throughout this document.
2. Operations

- **Instruments and Services**
  
  List the instrumentation and/or services provided by the core and characterize their utilization rate using the template below.

<table>
<thead>
<tr>
<th>Instrument or service name</th>
<th>Percent capacity utilization</th>
<th>Approximate % of total fee-for-service revenue</th>
<th>Approximate % of total operating and personnel expense</th>
<th>Number of unduplicated research groups using instrument/service (Number of PIs)</th>
<th>Number of unduplicated individuals using instrument/service (Actual users: e.g., PIs, post-docs, graduate students, technicians, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

- **Core Enhancements**
  
  Describe how the core has been enhanced/improved over the last year. (For example, new instrumentation obtained and/or services offered, improved customer service, increased level of technical expertise, etc.).

- **Communications/Marketing**
  
  Describe efforts to publicize your core’s capabilities to colleagues, graduate students, post-docs, etc. on your campus, across all University of Nebraska campuses, and to other academic and business users. (For example, website, brochures, seminars, open houses, tours, training workshops, etc.).

- **Leveraging**

  - Cite grants submitted or awarded to purchase new instrumentation or capabilities for the core.
  - Cite faculty grants submitted or awarded that highlight the core’s capabilities (and budget for its services).
  - List publications (accepted or published) that use data generated using the core’s capabilities.

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3 It is expected that this information would be readily available from billing records.
4 If instrument or service is typically billed as a bundle, list here as a bundle.
5 Percent capacity utilization for most services/equipment should be estimated relative to the federal standard work period of 2,087 hours per year (equal to 100% capacity). If used very heavily, percent capacity expressed on that basis can be > 100%. If equipment/services are not billed hourly, estimate to what extent the reasonably available capacity is being used.
6 The percentage of the total fee-for-service income (row A of the Financial Plan and Request spreadsheet) generated by this particular service/instrument. The items listed in this column of the table should sum to 100%.
7 The percentage of total operating and personnel expense (line E-line D) directly attributable to the operation of this service/instrument (for example, you would not likely directly attribute an administrator’s salary, but you might attribute a laboratory technician’s salary; you should attribute all service/maintenance agreement expenses associated with the item). The items listed in this column of the table typically would sum to <100%.
8 Centers have considerable discretion when completing this section. It is recognized that current grant and publication systems often make obtaining the information requested difficult. Nevertheless, there should be a reasonable effort taken to qualitatively and quantitatively characterize how NRI and other resource investments are being leveraged in direct support of faculty and faculty teams’ scholarship.
9 If “accepted” publications are listed, do not list them again in subsequent annual reports.
• Operational and Scientific Assessment
  Describe the challenges faced by your core, and your current efforts and future plans to mitigate those challenges. (For example, equipment may be nearing end-of-life, a key technician may have left, demand has exceeded capacity, the science may have fundamentally shifted, business model is unrealistic, etc.).

• Faculty Advisory Committee and External Review
  List the members of the advisory committee, including title and department. Specify their role and the specific dates they met during the reporting period. Indicate the issues presented to the committee, advice provided on scientific direction/business approaches, and actions taken by the core in response to the advice. In addition, list the last time the core was reviewed by an external team. If a review was conducted during the last reporting period and/or there were issues outlined during the last annual review, expand this section to include appropriate responses.

3. Budget/Funding Request

• Complete the “NRI Core Facilities Business Plan Spreadsheet”
  - Spreadsheet columns B-F include:
    B. Projected budget data (from the last annual report) for the most recently completed fiscal year (FY).
    C. Actual income/expenses for the recently completed FY.
    D. Projected final income/expenses for the current FY (based on current year-to-date data and core director projections).
    E. Funding Request for the next FY.
    F. Projected income/expense for the following FY.

• Specific notes on income row entries:
  A. Fees: Include all income for charged services, including grant income specifically obtained to support the core’s functions. Do not include funds for capital equipment on this line. If vouchers or seed grants were provided to investigators to use the core, include only the amount actually expended or redeemed on this line.
  B. F&A: Include any F&A returned directly to the core (from its grant activity).
  C. Personnel: Include grant income for personnel that, as part of the grant, are performing functions directly related to the core’s services.
  D. Institutional Support: Include funding provided by the campus to directly support the core’s functions (other than for capital equipment). Do not include seed grants or vouchers that, when expended/redeemed, would appear on the fee for service line. This line would include salary support IF the salary being paid is to support the functions and/or administration of the core.
  E. Capital Equipment: Include all income (grants, NRI equipment funds and other support) obtained to directly fund capital equipment expenditures.
  F. NRI Support: Amount received or requested from the Nebraska Research Initiative.

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10 An NRI funded core must be reviewed by an external team once every 5 years.
11 Equivalent to column D—“Projected for Current FY,” but from the previous year’s report.
G. Other: Indicate other support (e.g., physical supplies provided to the Center at no cost).
H. Carry-forward: Indicate any carry-forward balances (negative or positive) that are retained within the core’s accounting structure (don’t include reserve account balances).
I. Depreciation/External Client Surplus Fee Reserve Account (applicable to a service center): Indicate any funds from a reserve account that are being used for operations or capital equipment.

- Specific notes on expense row entries:
  A. Personnel: Include personnel expenses directly attributable/required to operate the core. Both headcount and FTE should be listed.
  B. List specific capital equipment expenses.
  C. List travel expenses directly related to core operations (including staff/faculty professional development).
  D. Other costs: Segregate (or aggregate) expenses as outlined. For service centers that depreciate equipment or transfer the additional income increment obtained from external clients, include actual (or future year estimate) amounts transferred to Depreciation/External Client Surplus Fee Reserve Account(s).

- Other spreadsheet elements:
  A. The “Difference Between Projected Income and Expense” row/cell might show a balance this year in the “projected” columns (FY14, Current FY, and FY18). Typically, the “7/1/14-6/30/15 actual” column should reflect an Income-Expense equal to zero, as any positive or negative balances should have been mitigated by increasing or decreasing (for example) institutional/campus support. Potential deficits in the “7/1/16-6/30/17 request” column should be addressed prior to submission to NRI. For planning and discussion purposes, a non-zero balance in the FY18 projected column is allowed.
  B. If the core has accounting-approved service center rates, the box should be checked “Yes.”
  C. If the service center has a Depreciation/External Client Surplus Fee Reserve Account, indicate the actual (or future projected balance) of that account.

4. Complete a short budget justification for any items that might need additional explanation.
## Projected and Actual Income

<table>
<thead>
<tr>
<th></th>
<th>7/1/14-6/30/15</th>
<th>7/1/14-6/30/15</th>
<th>7/1/15-6/30/16</th>
<th>7/1/16-6/30/17</th>
<th>7/1/17-6/30/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. FEES FOR SERVICE (INCLUDE GRANT INCOME IF FOR SPECIFIC CORE SERVICES)</td>
<td></td>
<td></td>
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<tr>
<td>B. FACILITIES AND ADMINISTRATION DISTRIBUTIONS (F&amp;A)</td>
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</tr>
<tr>
<td>C. PERSONNEL SUPPORTED ON EXTERNAL GRANTS FOR CORE'S FUNCTIONS/SERVICES (ONLY)</td>
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<tr>
<td>[Total cost of personnel, including benefits.]</td>
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<td></td>
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<tr>
<td>D. INSTITUTIONAL (CAMPUS) SUPPORT (FOR CORE'S FUNCTIONS/SERVICES - DON'T INCLUDE F&amp;A)</td>
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<tr>
<td>E. GRANT AND INSTITUTIONAL SUPPORT FOR CAPITAL EQUIPMENT EXPENSES (Including NRI Equipment Funds)</td>
<td></td>
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<tr>
<td>F. NRI (OPERATING SUPPORT)</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>G. OTHER (PLEASE EXPLAIN):</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>H. PRIOR YEAR CARRY-FORWARD</td>
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<tr>
<td>I. TRANSFERS FROM DEPRECIATION/EXCESS EXT. INC. RESERVE ACCOUNT (If allowed)</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>J. TOTAL INCOME (A THROUGH I)</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
</tr>
</tbody>
</table>

## Projected and Actual Expenses*

*If a service center, expense dep./external excess inc. sent to reserve account (if account established and allowed).

<table>
<thead>
<tr>
<th></th>
<th>7/1/14-6/30/15</th>
<th>7/1/14-6/30/15</th>
<th>7/1/15-6/30/16</th>
<th>7/1/16-6/30/17</th>
<th>7/1/17-6/30/18</th>
</tr>
</thead>
</table>
| A. PERSONNEL SUPPORTING CORE (TOTAL COSTS, INCLUDING BENEFITS)  
(SHOW HEADCOUNT AND FTEs IN BRACKETS) |                |                |                |                |                |
| 1. (XX, Y, YFTE) CORE DIRECTOR |                |                |                |                |                |
| 2. (XX, Y, YFTE) OTHER PROFESSIONALS (TECHNICIAN, PROGRAMMER, ETC.) |                |                |                |                |                |
| 3. (XX, Y, YFTE) GRADUATE STUDENTS |                |                |                |                |                |
| 4. (XX, Y, YFTE) UNDERGRADUATE STUDENTS |                |                |                |                |                |
| 5. (XX, Y, YFTE) SECRETARIAL – CLERICAL |                |                |                |                |                |
| 6. (XX, Y, YFTE) POST DOCTORAL ASSOCIATES |                |                |                |                |                |
| 7. (XX, Y, YFTE) OTHER:  
(specific) |                |                |                |                |                |
| TOTAL PERSONNEL | $ - | $ - | $ - | $ - | $ - |
| B. EQUIPMENT >$5,000 (LIST ITEM AND DOLLAR AMOUNT)  
(Combine multi-component systems on a single line) |                |                |                |                |                |
| 1. $ |                |                |                |                |                |
| 2. $ |                |                |                |                |                |
| 3. $ |                |                |                |                |                |
| 4. $ |                |                |                |                |                |
| 5. $ |                |                |                |                |                |
| TOTAL EQUIPMENT | $ - | $ - | $ - | $ - | $ - |
| C. TRAVEL  
1. DOMESTIC (INCLUDE CANADA, MEXICO, AND U.S. POSSESSIONS) |                |                |                |                |                |
| 2. FOREIGN |                |                |                |                |                |
| TOTAL TRAVEL | $ - | $ - | $ - | $ - | $ - |
| D. OTHER COSTS  
1. MATERIALS AND SUPPLIES |                |                |                |                |                |
| 2. PUBLICATION AND COMMUNICATION COSTS (including telecommunication, copying, etc.) |                |                |                |                |                |
| 3. SERVICE / MAINTENANCE AGREEMENTS |                |                |                |                |                |
| 4. COMPUTER SERVICES |                |                |                |                |                |
| 5. OTHER (PLEASE EXPLAIN) |                |                |                |                |                |
| 6. TRANSFER TO DEPRECIATION/E.I. RESERVE ACCOUNT (FOR SERVICE CENTERS ONLY) |                |                |                |                |                |
| TOTAL OTHER COSTS | $ - | $ - | $ - | $ - | $ - |
| E. TOTAL COSTS (A THROUGH D) | $ - | $ - | $ - | $ - | $ - |

## Difference Between Projected Income and Expenses

<table>
<thead>
<tr>
<th></th>
<th>7/1/14-6/30/15</th>
<th>7/1/14-6/30/15</th>
<th>7/1/15-6/30/16</th>
<th>7/1/16-6/30/17</th>
<th>7/1/17-6/30/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIFFERENCE BETWEEN PROJECTED INCOME AND EXPENSES</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
</tr>
</tbody>
</table>

Is this core facility a formal service center (with approved rates)?  
☐ Yes  ☐ No

Depreciation and/or Excess External Client Income Reserve Account Balance (if allowed/applicable)  
$  $  $  $  $