|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Cost Center Number:** | | | | |  | | | | | | | | | | | | | | | | |
| **Valid from Date:** | | | | |  | | | | | | | **Valid to Date:** | | | | 12/31/9999 | | | | | |
| **Cost Center Name:** | | | | |  | | | | | | | | | | | | | | | | |
| **Cost Center Description:** | | | | |  | | | | | | | | | | | | | | | | |
| **Agency Responsible:** | | | | |  | | | | | | | | | | | | | | | | |
| **Cost Center Category:** | | | | | | **Operating (O)**  **Cost Pool (C)** | | | | | | | | | | | | | | | |
| **Cost Center Address (Required Fields, no PO Boxes):** | | | | | | | | | | | | | | | | | | | | | |
|  | **Street Address:** | |  | | | | | | | | | | | | | | | | | | |
|  | **Location (City):** | |  | | | | | | | | | | | | | | | | | | |
|  | **Region (State):** | |  | | **Postal Code (ZIP):** | | | | | |  | | | **District (County):** | | | | | | |  |
| **Is this location within city limits?**  **Does cost center require budget control at level lower than appropriation?** | | | | | | | | | | | | | | | | | **Yes**  **No**  **Yes**  **No** | | | | |
| **Will this cost center be used to assist in the tracking of the**  **American Recovery and Reinvestment Act of 2009 (ARRA)?**  **If yes to ARRA, a - c are required:** | | | | | | | | | | | | | | | | | | **Yes**  **No** | | | |
| **a)** | | **WBS Element (statistical):** | | | | | |  | | | | | | | | | | | | | |
| **b)** | | **Project Definition:** | | | | | |  | | | | | | | | | | | | | |
| **c)** | | **Project Description:** | | | | | |  | | | | | | | | | | | | | |
| **Funds Management Assignment:** | | | | | | | |  | | | | | | | | | | | | | |
|  | **Funds Center:** | | |  | | | | | | **Business Area:** | | | | | | | | |  | | |
|  | **Fund:** | | |  | | | | | | **Functional Area:** | | | | | | | | |  | | |
| **Hierarchy Area:** | | | |  | | | | | | | | | **Is Hierarchy Area new?** | | | | | | | **Yes**  **No** | |
| **Hierarchy Area Name** | | | | **(if new):** | | |  | | | | | | | | | | | | | | |
| **Hierarchy Location** | | | | **(if new):** | | |  | | | | | | | | | | | | | | |
| **Contact Person:** | | | |  | | | | | | | | | | | | | | | | | |
| **Phone Number:** | | | |  | | | | | **E-mail Address:** | | | | | |  | | | | | | |