## INSTRUCTIONS FOR COMPLETING COST CENTER REQUEST

## COST CENTER DATA (ALL FIELDS REQUIRED):

Field Name	Description
Cost Center Number	Enter 6 digit cost center number.
Valid From Date	Enter the first day of the fiscal year for which the cost center is valid.
Valid To Date	12/31/9999
Cost Center Name	Enter name of cost center to be created, <b>not to exceed 20 characters.</b> If for the American Recovery and Reinvestment Act of 2009, must start with ARRA.
Cost Center Description	Enter a description of the cost center, <b>not to exceed 40 characters.</b> If for the American Recovery and Reinvestment Act of 2009, must start with ARRA.
Agency responsible	Enter the agency name that is responsible for the cost center.
Cost Center category	Valid values are: O – Operating C – Cost Pool
Cost Center Address: Street Address	Enter street address associated with cost center address.
Cost Center Address: Location	Enter city associated with cost center address.
Cost Center Address: Region	Enter state associated with cost center address.
Cost Center Address: Postal Code	Enter zip code associated with cost center address.
Cost Center Address: District	Enter county associated with cost center address.
Is this location within city limits?	Check 'Y' if address is with city limits. Otherwise, check 'N'.
Does cost center require budget control at level lower than appropriation?	Check 'Y' if cost center requires that the budget be controlled at a level lower than appropriation. Otherwise, check 'N'.
Will cost center be used to assist in tracking the American Recovery and Reinvestment Act of 2009?	Check 'Y' if cost center will be used to assist in tracking the American Recovery and Reinvestment Act of 2009? Otherwise, check 'N'.
a) WBS Element(statistical)	Enter the statistical WBS Element established for federal grant reporting of American Recovery and Reinvestment Act of 2009, <b>not to exceed 20</b> characters.
b) Project Definition	Enter Project Definition established for the American Recovery and Reinvestment Act of 2009 grant award, <b>not to exceed 20 characters.</b>
c) Project Description	Enter the name of the Project Definition established for the American Recovery and Reinvestment Act of 2009 grant award.
Funds center	Enter the funds center assigned to this cost center. Assigning a cost center will result in the funds center being derived each time the user enters a cost center. There is a one to one or many to one relationship between cost center and funds center.
Fund	Enter the fund code assigned to this cost center. Assigning a cost center will result in the fund being derived each time the user enters a cost center. There is a one to one or many to one relationship between cost center and fund.
Business Area	Enter the 4 digit business area, which is equivalent to the agency number preceded by a zero.
Functional Area	Enter the assigned functional area code used for CAFR reporting.

Field Name	Description
Hierarchy Area	Enter the appropriate cost center group within the standard hierarchy, <b>not to</b> exceed 10 characters.
Is the Hierarchy Area new?	Check 'Y' if a new Hierarchy Area is to be established. Otherwise, check 'N'.
Hierarchy Area Name	Enter name of new Hierarchy Area, not to exceed 40 characters.
Hierarchy Location	Enter the appropriate place where the new cost center group is to be placed in the standard hierarchy. (see example below)
Contact Person	Enter agency personnel that should be contact if any questions.
Phone Number	Enter phone number of agency contact person.
E-mail Address	Enter email of agency contact person.

## Remit form to DFA Budget Analyst assigned to Agency:

Office of Budget P. O. Box 3278, 1509 W 7<sup>th</sup> St., Rm. 402, Little Rock, AR 72203 Telephone: (501) 682-1941 Fax: (501) 682-1086

Hierarchy Location Example:

0630	DFA REVENUE <	
397624 397626 397630 397640 398120 398122 398122 398125 398125 398126 398136 398174 399197 399198 399199 399200	Streamline Sales Tax Special Additional Tax Charitable Bingo & Raffles AR Integrated Revenue System DFA Revenue Fund HSC3001 Receipts' FUND HSC3000 FUND HSC3002 Exempt Fund Only (DFA Cashier Ext) TG10000-CAFR Balance Transfers FUND HSC3004 Fund MP00100 Exempt Fund Only (Bldg Commy) Exempt Fund Only (DFA Cashier) Exempt Fund Only Exempt Fund Only	
- B638COM	COMMISSIONER'S OFFICE	
	OGENIMP GENERAL IMPROVEMENT   7641 86th GIF-AR Integrated Revenue System   OCOMM COMMISSIONER ADMINISTRATIVE   7201 Asst Commissioner's Office   7202 Commissioner's Salary   7642 Operations - M & R   7711 Deposit of Funds   7777 REV OP-KARE Costs	
39	7778 REV OP-RITA	
39	8173 85th Session Claims-2VH	
Example of location: Insert new hierarchy under 0630COM or Insert new hierarchy under 0630		
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