

**Application for Computing at
Information Technology Systems and Services
For Non-Profit Organizations and Government Agencies
<http://www.d.umn.edu/itss/requests>**

Date _____ Telephone (_____) _____

Name of Organization or Government Agency _____

Department Name _____

Billing Address _____ City _____ State _____ Zip _____

Federal Tax ID # _____ State Tax ID # _____

P. O. Number _____ Contact Person _____

Initial password _____ **Note: Passwords must be 8 characters and include both alpha and numeric.** Choose something easily remembered but difficult for anyone to guess.

Non-Profit/Government Rates

1. SA Rates

SA is System Access to the UMD central computing systems and servers. There are two rates charged, a monthly subscription fee and a CPU minute charge.

Subscription fee per month (including 8 CPU minutes)	\$5.00
Per CPU minute over first 8 CPU minutes	\$3.00

All rates are subject to change. You will be notified at least 30 days in advance of any rate adjustment. Historically, the rates have been set by June 1 of each calendar year and take effect July 1.

CPU minutes are used to measure how much computational work the computer does. CPU costs are based on the number of CPU minutes used.

2. File Storage Rates

Mass storage file charges cover data stored by the user on our computing systems and servers. Mass storage costs are measured in gigabytes per day (Gig). Mass storage rate is \$2.60 per Gig.

3. Modem connect time \$.50 per hour

Modem connect time is the amount of time a user is connected to our dial-in modem pool.

4. Account Setup Rate (one-time fee) \$20.00

Please make check payable to University of Minnesota and **send with application.**

Authorization and Compliance

This account remains in effect until canceled by either party with 30 days notice. Invoicing will be monthly with PAYMENT DUE UPON RECEIPT OF INVOICE.

Signature of person responsible for payment:

I have read the document "Computing and Networking Services for External Customers," and I agree to comply with the terms and conditions described in that document.

Signature of person responsible for account usage:

For ITSS use:
Account type _____ Date completed _____ Memo Sent _____ db _____

Please provide complete information. Failure to do so may cause your application to be delayed in processing. You will be notified by mail when this application has been processed.

If you have any questions about this form, call Spring Billiar at 726-8843.

Return completed form to:
S. Billiar, Acct Processing
UMD Information Technology
386 KPlz
1208 Kirby Drive
Duluth, MN 55812-3095