

UAB FACILITIES AND ADMINISTRATIVE COST (IDC) REVENUE REDISTRIBUTION AGREEMENT

At times, parts of a project may be conducted in space outside the primary appointment unit or the management of a grant or contract may be handled by another unit. If there is a material contribution to a project from another unit, it may be appropriate to redistribute part of the indirect cost revenue. This should be done by submitting this form to the Office of Sponsored Programs along with the UAB Extramural Checklist at the time of proposal submission.

Date _____

Original ____

Revised ____

Principal Investigator _____

Sponsor Grant/Contract Number _____

PTA String _____

OSP Assigned Number _____

Grant/Contract Title _____

Contact for questions (please print):

Name _____

Phone _____

Email _____

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Instructions:

UAB Financial Affairs will automatically identify the portion of indirect cost recovery revenue generated by academic units based upon the *primary faculty appointment* of the principal investigator of each PTA String, unless a UAB Facilities and Administrative Cost (IDC) Revenue Redistribution Agreement form is completed. Factors which might be considered in negotiating such an Agreement are the utilization of space or equipment, or assignment of technical support staff.

This Agreement form must accompany the proposal and the UAB Extramural Checklist when it is submitted to the Office of Sponsored Programs for final approval. For program project/center grants, a separate form should be completed for each task defined by the sponsor. In the event that the final award statement makes significant changes in the distribution of funds and/or responsibility, a revised Agreement should be submitted to the Office of Sponsored Programs. Distribution percentages must be whole numbers, i.e. no fractions. The sum of all listed distributions must equal 100%.

Signatures on this form indicate that the party has reviewed and approved the indicated distribution of the allocable portion of the indirect cost recovery revenue for the grant/contract indicated. For revised Agreements, also list and obtain signatures for any distribution which is changing to 0%, to indicate approval of that elimination.

-----Allocation-----

-----Approvals-----

(If fractions of a percentage are listed, they will be rounded to whole percentages.)

_____%
School/Department/Division Organization No.

Department Signature

Dean Signature

_____%
School/Department/Division Organization No.

Department Signature

Dean Signature

_____%
School/Department/Division Organization No.

Department Signature

Dean Signature

_____%
School/Department/Division Organization No.

Department Signature

Dean Signature

NOTE: Do not complete this form if the distribution is to be based upon primary faculty appointment of the PI .

Form Version: 04/17/2017