

UAB INDIRECT COST REVENUE REDISTRIBUTION AGREEMENT

Date _____

Original ____

Revised ____

Principal Investigator _____

Sponsor Grant/Contract Number _____

PTA String _____

OGCA Link Number _____

Grant/Contract Title _____

Contact for questions (please print): Name _____ Phone _____ Fax _____ Email _____ Mail _____

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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* (per HURS) of the principal investigator of each PTA String, unless a UAB Indirect Cost Revenue Redistribution Agreement form is completed. Do not complete this form if the distribution is to be based upon primary faculty appointment of the PI. Factors which might be considered in negotiating such an Agreement are the utilization of space or equipment, administrative staff support, or assignment of technical support staff.
- This Agreement form must accompany the grant application and the UAB Extramural Support Transmittal Checklist as it is submitted to the Office of Grants & Contracts Administration for final approval. For program project 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 Grants & Contracts Administration.
- 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. Distribution percentages must be whole numbers i.e. no fractions. The sum of all listed distributions must equal 100%.

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-----Allocation-----

-----Approvals-----

School/Department/Division Unit Description	%	Department Signature	Dean Signature
School/Department/Division Unit Description	%	Department Signature	Dean Signature
School/Department/Division Unit Description	%	Department Signature	Dean Signature
School/Department/Division Unit Description	%	Department Signature	Dean Signature
School/Department/Division Unit Description	%	Department Signature	Dean Signature