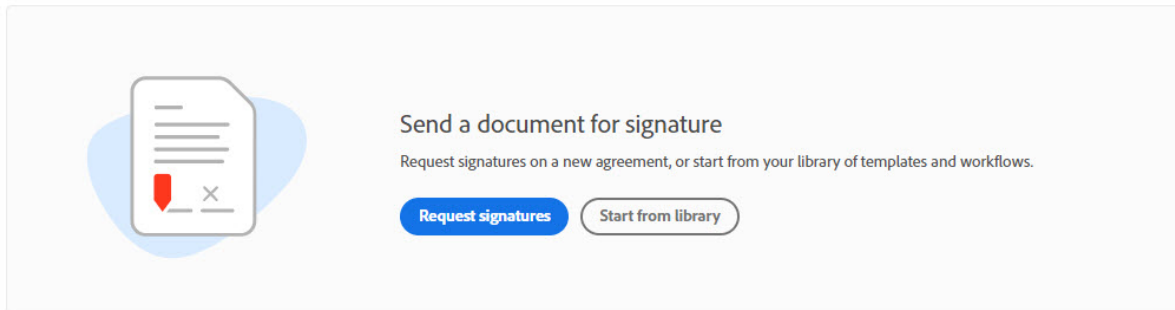


Indirect Revenue Redistribution Form Adobe Sign Guide

In Adobe Sign choose Start from library.



Select Workflows and search for the Extramural Support Checklist. Once highlighted select start at the lower right hand of the page.

Start from library

| Search | |
|--|---------------|
| Name | Last Modified |
| Shared Workflows | |
| In-Kind Cost Sharing Contribution Report 2 | 09/15/2020 |
| In-Kind Cost Sharing Contribution Form | 12/01/2020 |
| Indirect Cost Revenue Redistribution Form | 12/01/2020 |
| Rebudgeting Request Form | 12/01/2020 |
| Cost Sharing Commitment Form | 12/01/2020 |
| Account Workflows | |

Enter all the names that need to sign. The Department Personnel completing the checklist will go in the first spot. The Department Signature and Dean Signatures for the first two departments are required. Add the third and fourth Department Signature and Dean Signatures as required. If the signature field is blank, then the signature will be neither required nor able to be added later. The emails will need to be BlazerID@uab.edu in order to have the correct signatures.

Indirect Cost Revenue Redistribution Form

How this workflow works?
Enter instruction for sender...

Recipients



Department Personnel *

Department Signature 1 *

Dean Signature 1 *

Department Signature 2 *

Dean Signature 2 *

Department Signature 2

When you select Send at the bottom it will begin the processing of the checklist.

Files

Document * Extramural Checklist 120120

When you see the following page and start, most areas are required.

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 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 submitting this form to the Office of Sponsored Programs along with the UAB Extramural Checklist at the time of proposal submission.

Date 12/01/2020 Original Rev

*

Contact for questions (please print): Name Phone Email

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

Next

At the end of the document, you will be able to add any other attachments that you need for internal review.

Signatures on this form indicate that the party has reviewed and approved the indicated district grant/contract indicated. For revised Agreements, also list and obtain signatures for any district

-----Allocation-----

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

| | | | |
|---|----------------------|---|----------------------|
| <input type="text"/> | <input type="text"/> | % | |
| School/Department/Division Organization No. | | | Department Signature |
| <input type="text"/> | <input type="text"/> | % | |
| School/Department/Division Organization No. | | | Department Signature |
| <input type="text"/> | <input type="text"/> | % | |
| School/Department/Division Organization No. | | | Department Signature |
| <input type="text"/> | <input type="text"/> | % | |
| School/Department/Division Organization No. | | | Department Signature |

NOTE: Do not complete this form if the distribution is to be based upon primary faculty appoint

[Click to Attach File Attachment 1](#)

Once all the required areas are completed, a Submit button will appear. It will begin to route for signature once the Submit button pushed.

| | | | |
|---|----------------------|---|----------------------|
| <input type="text"/> | <input type="text"/> | % | |
| School/Department/Division Organization No. | | | Department Signature |
| <input type="text"/> | <input type="text"/> | % | |
| School/Department/Division Organization No. | | | 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

[Click to Attach File Attachment 1](#)

I agree to the Terms of Use and Consumer Disclosure of this document

Submit

The Signatory will receive an email asking them to review and sign.

Extramural Support Checklist

Review and sign

Please review and sign the Extramural Support Checklist.

It will require a Digital Signature using blazer names and passwords. The Signatory may be required to add their name if required to do so before they can sign. Press start if requested to begin.

Once the signatory completes any required field, they will see the Submit and Proceed to Sign button.

| 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

I agree to the Terms of Use and Consumer Disclosure of this document

Submit and Proceed to Sign

They will need to download the document in order to sign it.

Just a few more steps

To finish signing, you'll need to download the agreement, open it in Adobe Acrobat or Acrobat Reader, and provide a digital certificate.



Once downloaded they will click the space to sign.

airs will automatically identify the portion of indirect cost recovery revenue ge
: principal investigator of each PTA String, unless a UAB Facilities and Administr
s which might be considered in negotiating such an Agreement are the utilization of :

m must accompany the proposal and the UAB Extramural Checklist when it is sub
:t/center grants, a separate form should be completed for each task defined by the
s in the distribution of funds and/or responsibility, a revised Agreement should be
e whole numbers, i.e. no fractions. The sum of all listed distributions must equal 100

m indicate that the party has reviewed and approved the indicated distribution of the
ed. For revised Agreements, also list and obtain signatures for any distribution which

ation-----App
centage are listed, they will be rounded to whole percentages.)

| | | | |
|----------|------------------|------------|-----------|
| Division | Organization No. | Department | Signature |
|----------|------------------|------------|-----------|

A yellow arrow with the text "Click here to sign" and a percentage symbol (%) points to a light blue rectangular box in the "Signature" column of the table above.

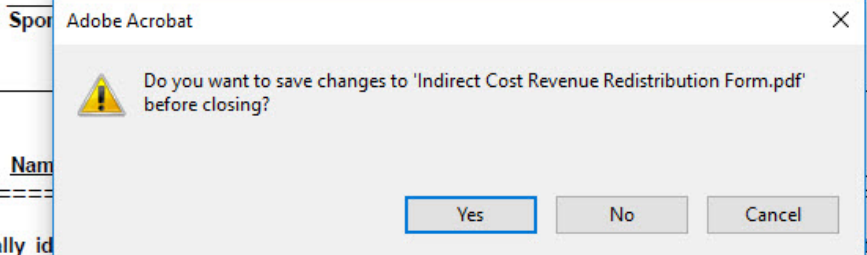
The signature has been changed from an Adobe Sign Electronic signature to a Digital Signature to allow an easier signature process. As a result the Department will need to print out and save the audit report to authenticate the signatures.

When asked to save the changes, please do so.

When closing the pdf, when asked to save please do so.

to the Office of Sponsored Programs along with the UAB Extramural Checklist at the time of proposal submission.

Original



(please print): Name

airs will automatically id... s based upon the
principal investigator of each PTA String, unless a UAB Facilities and Administrative Cost (IDC) Revenue Redistribution Ag...
s which might be considered in negotiating such an Agreement are the utilization of space or equipment, or assignment of technica
m must accompany the proposal and the UAB Extramural Checklist when it is submitted to the Office of Sponsored Programs fo
:t/center grants, a separate form should be completed for each task defined by the sponsor. In the event that the final award s
s in the distribution of funds and/or responsibility, a revised Agreement should be submitted to the Office of Sponsored Program
e whole numbers, i.e. no fractions. The sum of all listed distributions must equal 100%.

m indicate that the party has reviewed and approved the indicated distribution of the allocable portion of the indirect cost recovery
ed. For revised Agreements, also list and obtain signatures for any distribution which is changing to 0%, to indicate approval of th

ation----- Approvals-----
(percentage are listed, they will be rounded to whole percentages.)

he
in
0% Timothy Parker Digitally signed by Timothy Parker
Date: 2020.12.01 15:55:45 -0800

The parties will receive the attachment in an email. Please now email the Indirect Cost Revenue Redistribution Form, with the Audit Report, and other required document to osp@uab.edu.