

INTERCOLLEGE GRANT AGREEMENT FORM

A MEMORANDUM OF UNDERSTANDING for the ESTABLISHMENT of APPROPRIATE DSR or UFRF RESEARCH INVESTIGATORS with APPOINTMENTS OUTSIDE the "ORIGINATING" PRINCIPAL INVESTIGATOR'S GRANT/CONTRACT SUB-ACCOUNTS and CAPTURING of APPROPRIATE INDIRECT COSTS FOR Co-PIs or CO- COLLEGE.

(PLEASE SUBMIT ONE FORM PER Co-PI or CO-INVESTIGATOR at Time of Proposal Submission)

The colleges (Dentistry, Health Professions, Medicine, Nursing, Pharmacy and Veterinary Medicine) within the HSC at the University of Florida recognize the need to become more accountable with extramural research grant/contract monitoring for the University of Florida and Federal Cost Accounting Standards (CAS). Thus, the HSC colleges have entered into a memorandum of understanding that, whenever possible, sub-accounts will be established in the Division of Sponsored Research (DSR) for investigators who enter into collaborative grant/contracts that extend across two or more of the HSC colleges or departments within a given college.

As part of this HSC memorandum of understanding, the "*Originating*" Principal Investigator (PI) will agree by their signature below to establish with DSR appropriate and proportional sub-accounts (**Co-PI/Co-INVESTIGATOR SUB-ACCOUNTS**) in the amount outlined in the **TOTAL COSTS** category of the Table below. The **Co-PI/Co-INVESTIGATOR SUB-ACCOUNTS** will be established upon funding of the proposal in question, for co-PIs or co-investigators outside the "*Originating*" PI's college or department. The **Co-INVESTIGATOR SUB-ACCOUNTS** will include all salary offset dollars and any supply costs or other costs in the grant/contract owed to the respective investigator **and agreed to** by the "*Originating*" PI to complete the project. A sub-account is only required whenever **direct cost** dollars allocated to the Co-PI or Co-investigator (Co-PI/I) below exceeds **\$10,000** in a given grant fiscal year. Indirect costs (IDC) will follow in proportion to the amount of the established sub-account.

Grant Title: _____

Agency: _____ UPN#: _____

PI Name: _____ College: _____ Department: _____

PI Dept Fiscal Contact Person: _____ Phone#: _____

Co-PI/I Name: _____ College: _____ Department: _____

Co-PI/I Dept Fiscal Contact Person: _____ Phone#: _____

It is understood that the fiscal information given in the Table below is only an estimate of a Co-PI/I's effort. Dollar amounts may change when funding occurs owing to funding agency cutbacks, and changes of faculty efforts, and/or change of grant/contract focus. Sub-accounts and IDC accounts with appropriate dollar figures will be established at the time of receipt of the Notice of Award.

Year One - start date ____/____/____			Entire period ____ yrs	
Category	% effort	Amount	% effort	Total Amount
CO-PI/I Salary Offset*				
Other Personnel Salary				
Supplies	N/A		N/A	
Other costs	N/A		N/A	
Direct Costs	N/A		N/A	
IDC costs	N/A		N/A	
TOTAL COSTS	N/A		N/A	

* please include salary and fringe costs.

INDIRECT COST (IDC):

FOR ALL APPLICABLE IDC ACCRUED, RETURN IDC TO: (CHECK ONE)

- (A) Subaccount-PI and Home Department, College
- (B) Subaccount-PI, Subaccount-CO-PI and their Home Departments, and Colleges (equal split)
- (C) Subaccount-PI, Center, Home Department, and College.
- (D) Subaccount-PI, Center, Home Department, and College.
- (E) OTHER (provide explanation) _____

NAME OF CENTER TO ACCRUE IDC, IF APPLICABLE: _____

"Co-PI/I Signature: _____ Date ____/____/____
(As Co-PI/I, I agree to be responsible for producing fiscal reports as requested by the PI or his/her designee)

"Originating" PI Signature: _____ Date ____/____/____

Center/Institute Director Signature: _____ Date ____/____/____