

# 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                    |              |
| <b>Direct Costs</b>                  | N/A      |        | N/A                    |              |
| <b>IDC costs</b>                     | N/A      |        | N/A                    |              |
| <b>TOTAL COSTS</b>                   | 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 \_\_\_\_/\_\_\_\_/\_\_\_\_