

UNIVERSITY OF FLORIDA RESEARCH FOUNDATION, INC.
Box 115500, CAMPUS
(352) 392-5221

AUTHORIZATION TO ESTABLISH A RESEARCH ACCOUNT (A-1)

UF UPN#: _____
 Leave Blank

Revised: _____
 Indicate if revised

UFRF Project #: _____
 Leave Blank

I hereby request that UFRF establish the following research grant or contract account:

Principal Investigator : _____ UFID: _____
 Department or Center: _____ College: _____
 Address: _____ Phone #: _____

 Department Contact: _____ Phone #: _____

Co-Principal Investigator: _____ UFID: _____
 Department or Center: _____ College: _____
 Address: _____ Phone #: _____

 Department Contact: _____ Phone #: _____

Grantor: _____
 Address: _____

 Phone #: _____ SAMAS or FEDEX account # (for Proposal Processing use): _____

Proposal/Project Name: _____

Protocol Number: _____ **Amount:** _____ Project Has a Budget? Yes No

Project Period: From _____ To _____ **Fixed End Date?** Yes No

Type of Project: Research Grant Contract Clinical Trial Workshop

Other (Describe): _____

On Campus Off Campus

If the project involves any of the following, please indicate and provide a copy of the approval:

Human Subjects Animal Subjects Biohazards Recombinant DNA/RNA

Approval Number: _____ **Expiration Date:** _____

You must provide UFRF with a completion letter regarding this approval.

IDC AMOUNT (\$): _____ IDC RATE: _____ %

If the IDC Rate is other than 25% for Clinical Trials or 45.0% for Research, then complete the following:

<input type="checkbox"/>	Grantor's policy does not allow IDC.	Documentation on file?	Yes	No
<input type="checkbox"/>	Up-front funding of _____ % of the award.			
<input type="checkbox"/>	Other (Explain): _____			
<input type="checkbox"/>	UFRF Management Fee: _____ %			

IDC DISTRIBUTION: (Check all that apply)

<input type="checkbox"/>	PI	_____	<input type="checkbox"/>	Co-PI	_____
<input type="checkbox"/>	PI Department	_____	<input type="checkbox"/>	Co-PI Department	_____
<input type="checkbox"/>	PI College	_____	<input type="checkbox"/>	Co-PI College	_____
<input type="checkbox"/>	Center:	_____			
<input type="checkbox"/>	Other:	_____			

PROJECT ACTIVITY ACCESS -- Please provide web access to this project to the following individual(s):
 (Note that the PI and Co-PI automatically receive access to the project activity)

Name (please print)	UFID

REQUIRED APPROVALS:

PI:	_____	Date:	_____
Co-PI (if applicable):	_____	Date:	_____
Chairperson:	_____	Date:	_____
Dean, Director, or V.P.:	_____	Date:	_____

Note: 1) Please attach the proposal, budget, protocol, scope letter or any other pertinent backup for the grant or contract. If funds are unrestricted, a letter from the granting agency must also be attached.

_____	Secretary	_____	Date
_____	President	_____	Date