

**University of Rochester**  
**Sharing of Indirect Cost Recovery Form**

**Purpose:** Please note that this form is to be used when sharing of indirect cost (F&A) recovery is proposed for collaborative inter-school/college extramurally funded programs. The completed form must accompany the completed University of Rochester Proposal Sign-off Form.

Principal Investigator: \_\_\_\_\_  
Department: \_\_\_\_\_  
Proposal Title: \_\_\_\_\_  
Total Project Budget: \_\_\_\_\_  
    Direct Costs: \_\_\_\_\_  
    Indirect Costs: \_\_\_\_\_  
    Total Costs: \_\_\_\_\_

**Allocation of Indirect Cost Recovery:** Please list summary information for all sub-project budgets allocated to a collaborating school/college. Attach additional sheets as necessary. Unless otherwise noted, sub-project departments will be held accountable for any deficits incurred during the life of the project. These deficits will be transferred to a departmental account.

1. Sub-project 1

Investigator: \_\_\_\_\_  
Department: \_\_\_\_\_  
Direct Cost: \_\_\_\_\_ Indirect Costs: \_\_\_\_\_ Total: \_\_\_\_\_

2. Sub-project 2

Investigator: \_\_\_\_\_  
Department: \_\_\_\_\_  
Direct Costs: \_\_\_\_\_ Indirect Costs: \_\_\_\_\_ Total: \_\_\_\_\_

3. Sub-project 3

Investigator: \_\_\_\_\_  
Department: \_\_\_\_\_  
Direct Costs: \_\_\_\_\_ Indirect Costs: \_\_\_\_\_ Total: \_\_\_\_\_

4. Sub-project 4

Investigator: \_\_\_\_\_  
Department: \_\_\_\_\_  
Direct Costs: \_\_\_\_\_ Indirect Costs: \_\_\_\_\_ Total: \_\_\_\_\_

**Approved: (This form must be signed by the Principal Investigator, and all involved Chairs and Deans)**

Principal Investigator:	Chair(s):	Dean(s):
_____	_____	_____
	_____	_____
	_____	_____
	_____	_____