

**UNIVERSITY OF ROCHESTER MEDICAL CENTER
ATTRIBUTION OF INDIRECT COST CREDIT FORM**

Purpose: Please note that this form is to be used for identifying departmental participation in collaborative URMC extramurally funded program projects, center grants, cooperative agreements and other award mechanisms where one year of the grant exceeds \$500,000 in direct costs. The completed form must accompany the completed University of Rochester Proposal Sign-Off Form.

Lead Principal Investigator: _____
 Department: _____
 Proposal Title: _____
 Total Project Budget: _____
 Direct Costs: _____
 Indirect Costs: _____
 Total Costs: _____

Allocation of Direct and Indirect Costs: Please list summary information for all sub-project budgets allocated to a collaborating URMC department/unit. 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/Core 1

Investigator: _____
 Department: _____
 First Year Direct Costs: _____ Indirect Cost: _____ Total: _____
 Total Direct Costs: _____ Indirect Cost: _____ Total: _____

2. Sub-project/Core 2

Investigator: _____
 Department: _____
 First Year Direct Costs: _____ Indirect Cost: _____ Total: _____
 Total Direct Costs: _____ Indirect Cost: _____ Total: _____

3. Sub-project/Core 3

Investigator: _____
 Department: _____
 First Year Direct Costs: _____ Indirect Cost: _____ Total: _____
 Total Direct Costs: _____ Indirect Cost: _____ Total: _____

4. Sub-project/Core 4

Investigator: _____
 Department: _____
 First Year Direct Costs: _____ Indirect Cost: _____ Total: _____
 Total Direct Costs: _____ Indirect Cost: _____ Total: _____

Approved: (This form must be signed by the Lead Principal Investigator, all involved Chairs or Center Directors, and participating Investigators)

Principal Investigator:	Chair(s)/Center Director(s):	Participating Investigator(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____