

**UNIVERSITY OF CENTRAL FLORIDA RESEARCH FOUNDATION, INC.**  
**12201 Research Parkway, Suite 501**  
**(407) 823-5278**

**AUTHORIZATION TO ESTABLISH A MISCELLANEOUS F&A ACCOUNT (A-3)**

**Revised:** \_\_\_\_\_

**UCFRF Project #:** \_\_\_\_\_

Indicate if revised

Leave Blank

*I hereby request that UCFRF establish the following miscellaneous grants account:*

<b>Principal Investigator:</b> _____	<b>UCFID:</b> _____
<b>Department or Institute:</b> _____	<b>College:</b> _____
<b>Address:</b> _____	<b>Phone #:</b> _____
_____	_____
<b>Department Contact:</b> _____	<b>Phone #:</b> _____

<b>Co-Principal Investigator:</b> _____	<b>UCFID:</b> _____
<b>Department or Institute:</b> _____	<b>College:</b> _____
<b>Address:</b> _____	<b>Phone #:</b> _____
_____	_____
<b>Department Contact:</b> _____	<b>Phone #:</b> _____

**Project Name:** F&A Cost Returns

**Amount:** \_\_\_\_\_

**PROJECT ACTIVITY ACCESS** -- Please provide web access or hard copy 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)	UCFID

**REQUIRED APPROVALS:**

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

<b>UCFRF APPROVAL:</b> _____	_____
President or Chief Operating Officer	Date