



THE UNIVERSITY OF CHICAGO
REQUEST FOR A RESTRICTED FUNDS ACCOUNT - LEDGERS 5 AND 6

PART I TO BE COMPLETED BY DEPARTMENT

A. LONG ACCOUNT TITLE (60 Character limit) _____ () ADVANCE A/C () REGULAR A/C () COST SHG A/C

B. AGENCY NAME _____ AWARD NO. _____ CFDA NO. _____ LEDGER () 5 () 6

C. ACCOUNT ADMINISTRATORS AUTH. SIGNER NO. ADDRESS A.A. BUILDING NO.

1. _____

2. _____

3. _____

D. DEPARTMENT _____ DEPARTMENT SUBUNIT _____ DEPARTMENT SUB-SUBUNIT _____

E. ABR CODE ____ F. USER ATTRIBUTE NO. 1. _____ USER ATTRIBUTE NO. 2. _____ USER ATTRIBUTE NO. 3. _____

G. AUTHORIZED SIGNERS AUTH. SIGNER NO. AUTHORIZED SIGNERS AUTH. SIGNER NO.

1. _____ 3. _____

2. _____ 4. _____

H. PRINCIPAL INVESTIGATOR AUTH. SIGNER NO. CO-PRINCIPAL INVESTIGATOR AUTH. SIGNER NO.

1. _____ 2. _____

I. PROPOSAL THRU URA () YES () NO J. TRACS SYSTEM ID NO. _____

K. TYPE OF COST SHG A/C: () MANDATORY () VOLUNTARY COMMITTED COST SHARING COUNTERPART A/C NO. _____

L. OVERSIGHT COM. INFO. (PROTOCOLS): NAME, NO., AND DATE: _____

M. ACCOUNT REQUESTED BY _____ EMAIL ADDRESS _____ PHONE NO. _____ DATE _____

PART II TO BE COMPLETED BY DIVISION/SCHOOL REVIEWING OFFICE

A. GUARANTEE A/C NO. _____ DIVISION/SCHOOL _____ REVIEWED BY _____ PHONE NO. _____ DATE _____

PART III TO BE COMPLETED BY REVIEWING OFFICE, URA OR DIS

A. () GIFT () GRANT () CONTRACT () SUBRECIPIENT (PASS-THROUGH AWARD) () COOPERATIVE AGREEMENT TOTAL AWARD \$ _____

B. AWARD BEGIN DATE _____ AWARD END DATE _____ ADVANCE ACCOUNT BEGIN DATE _____

C. INDIRECT COST: BASE () M () T () S () E () X RATE _____% BUDGET \$ _____ D. FUNCTION CODE ____ E. LOCATION CODE ____

F. REVIEWED BY () URA () DIS NAME _____ DATE _____

PART III TO BE COMPLETED BY COMPTROLLER'S OFFICE

A. ACCOUNT NO. S/L _____ G/L _____ BUDGET \$ _____ BUDGET BEGIN DATE _____ BUDGET END DATE _____

APPROVED BY _____ DATE _____ ENTERED BY _____ DATE _____

Instructions for Requesting a Restricted Funds Account - Ledgers 5 and 6

PLEASE USE ONE FORM FOR EACH ACCOUNT BEING REQUESTED

1. Award agreement must accompany this form unless it has been transmitted separately.
2. A separate Form 70 must be prepared for each account number requested.
3. Definitions of the information requested on this Form appear in the Attribute Section of the *FAS Manual* <http://adminet.uchicago.edu/fasmanual/docs/4.0.html>

PART I - To be completed by the Department

- A. Account Title Long - 60 spaces are available.
Advance, regular or cost sharing a/c- Indicate by a check mark the appropriate account type for this account.
- B. Agency Name – Name of the funding organization.
Agency Award No. – Enter the number issued by the awarding agency. Leave blank if no number has been issued.
CFDA NO. – For federal grant and cooperative agreement awards, enter the Catalog of Federal Domestic Assistance Number.
Ledger 5/6 – Check ledger 5 for federal awards, ledger 6 for all other awards.
- C. Account Administrators - Enter the last name, first name, initial of the person designated as responsible for the administration of this account on line 1. This person will receive all accounting and payroll reports and some billings issued by recharge centers. "Generic" titles such as "Dean, Physical Sciences" may be used upon request to the Associate Comptroller. Account Administrator 2 & 3 will receive all accounting reports, but not the payroll or billing reports.
Auth. Signer No. - Enter the authorized signer number for each Account Administrator. The Payroll Department is responsible for assigning new numbers and maintaining signature cards.
Address - The format for a campus address is a box number or department name and building name. If off-campus with no faculty exchange address use U.S. postal mailing address.
Building No. - Enter the Faculty Exchange Building Number listed in the University telephone directory. For off campus locations, enter 99 as the number.
- D. Department – Enter the 3 digit attribute code for the department
Department Subunit - Optional. Value determined by department. Format is 2 digits determined by the department.
Department Sub-Subunit - as above, optional - another 2 digit code determined by the department.
- E. ABR Code – Enter the 1 digit Automatic Budget Reallocation Code.
- F. User Attribute No. 1, 2, and 3 - Optional: a 2 digit code assigned by the department for its own purpose.
- G. Authorized Signers and Signer Nos. Enter the last name, first name, initial and Authorization Signer No. for each individual authorized to make expenditures against this account.
- H. Principal Investigator and Authorized Signer No. – Enter last name, first name, and initial of the P.I. for the award.
Co-Principal Investigator and Authorized Signer No. – Same as above.

- I. Proposal Thru URA – If the original proposal for the award was submitted to the awarding agency by URA, check "yes"; otherwise, check "no".
- J. TRACS System ID No. – Enter the 5 digit numeric value used as an ID for this award in URA's TRACS System.
- K. Type of Cost Sharing Account: Check "mandatory" or "voluntary committed". Cost Sharing Counterpart A/C No.: Enter the 6-digit FAS account that will fund the cost sharing.
- L. Oversight Committee Information (Protocols): Name, No. and Date – Enter the name of the oversight committee, the protocol number, and the date it was approved.
- M. Account Requested by – Name, email address, phone number of person requesting the account and date of request.

FORWARD THIS FORM TO THE DIVISION/SCHOOL REVIEWING OFFICE

PART II. To be completed by the division/school reviewing office.

- A. Guarantee A/C No. – An account used to guarantee funding should awarding agency funding be insufficient.
Division/School, Reviewed by, Phone No., Date – Enter the appropriate information.

FORWARD THE FORM TO URA FOR ALL FEDERAL AWARDS AND FOR NONFEDERAL AWARDS THAT WERE SUBMITTED TO THE AWARDING AGENCY BY URA. FOR ALL OTHER AWARDS, FORWARD THE FORM TO DEVELOPMENT INFORMATION SERVICES (DIS).

PART III. To be completed by reviewing office, URA or DIS.

- A. Gift, Grant, Contract, Subrecipient (Pass-Through Award), Cooperative Agreement - check appropriate box.
Total Award \$ - Enter total amount of guaranteed funding.
- B. Award Begin, End – Enter beginning and ending dates of the total award.
Advance A/C Begin Date – Enter date on which the advance account is to begin.
- C. Indirect Cost Base – Check the appropriate box to indicate the base on which to calculate indirect charges: M, Modified Total Direct Costs; T, Total Direct Costs; S, Salaries; E, Educational Service Agreements (Training awards from NIH) total costs less equipment, tuition and fees; and X, Base specific to the award.
Indirect cost % and \$ - Enter the % of indirect costs to be charged against the base and the dollar amount to be budgeted.
Function Code - 2 digit code indicating the type of award activity, e.g., 01 = sponsored research, 02 = instruction and departmental research, etc.
Location Code – Enter the appropriate code: C = on-campus buildings and O = off-campus.
- D. Reviewed by – Check the appropriate box.
Name, Date – Enter the name of the individual who performed the review and the date it was done.

FORWARD THE FORM AND RELEVANT DOCUMENTS TO THE RESTRICTED FUNDS SECTION OF THE COMPTROLLER'S OFFICE.