**Operational Unit Split Form for Research Projects**

This form is to split a revenue and/or credit attributed to a research grant across multiple schools for the purposes of the Internal Fund Distributions and/or HERDC Secondary Gain allocation. For each school that receives a percentage of the research funding there needs to be a named chief investigator and an underwriting account identified.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please nominate a contact person who will be able to answer any questions regarding the split:** | | | | | | | | | | | | | | |
| **Name:** | | | | | | | | | | | | | **Tel No.** | |
|  | | | | | | | | | | |  |  |  | |  |
| **RM (Research Master) Number** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Project Number (if known)/Title/ Description** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project Start Date** |  |  | **Project End Date** |  |

**Funding/Credit will be attributed as listed here for the life of the project or until another funding form requesting change is submitted.**

**CHIEF INVESTIGATORS:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **UQ Username** | | **Surname** | **Initials** | **Title** | **Operational Unit Code\*** | | | **Site Code**  **xx** | **Revenue**  **% Split** | **HERDC % Split** |
|  | |  |  |  | **Faculty**  **xx** | **School**  **xxx** | **Section**  **xx** |  |  |  |
| 1st |  |  |  |  |  |  |  |  |  |  |
| 2nd |  |  |  |  |  |  |  |  |  |  |
| 3rd |  |  |  |  |  |  |  |  |  |  |
| 4th |  |  |  |  |  |  |  |  |  |  |
| \* *Consult with your School/Centre/Institute Finance Manager for details of this Chart of Account Operational Unit code* | | | | | | | | | | |

**INDIRECT COSTS/OVERHEADS SPLIT** *If overheads are applicable, they are charged to the lead project unless specified below.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Ph No**: (first named investigator) |  | **Email**: |  |
|  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Underwriting Account:**  Please provide a School/Centre Institute Chart of Account string from which underwriting expenses will be incurred: | |  | **Operational Unit Code**  **xx xxx xx** | **Site**  **Code**  **xx** | **Fund**  **Code**  **xxx** | **Function Code**  **xx** |
| 1st |  |  |  |  |
| 2nd |  |  |  |  |
| 3rd |  |  |  |  |
| 4th |  |  |  |  |
| **Additional Comment:** |  | | | | | |

|  |  |
| --- | --- |
| **Alternative overheads split** |  |

**STATEMENT OF UNDERTAKING**

The undersigned request approval for funding for this project to be split across the listed operational units at the percentages specified.

Heads or Directors of **all** affected Schools, Institutes and/or Centres must sign the request for it to be valid

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **School** | | **Head/Directors Signature** | **Print Name** | **Date** |
|
| 1st |  |  |  |  |
| 2nd |  |  |  |  |
| 3rd |  |  |  |  |
| 4th |  |  |  |  |

*Requests must be made with the Pre GRL form or must accompany the GRL information sent from the school to C&G to activate the project.*