



## INDIRECT COST WAIVER REQUEST FORM

Principal Investigator:

Department:

Sponsor:

Project Title:

In accordance with University policy (GCS Costing Policy), Federal Policy (OMB Circular A21) and the University's Facilities and Administrative Cost Rate Agreement negotiated with the Department of Health and Human Services, recovery of all costs (direct and indirect costs) associated with any test, research, or investigation conducted by University personnel or requiring use of University resources must be proposed to external sponsors at actual cost including the full indirect cost rate of the University. Exceptions to these policies must be requested and approved by the Office of the Vice President for Research.

The purpose of this form is to request approval for deviation from the policies noted above, particularly regarding the waiver of indirect costs on proposal budgets when it is in the best interest of the University. This form is only necessary when the University requests a lower indirect cost rate than what is allowed by the sponsoring agency.

a. Total Amount of Indirect Allowed by Sponsor:	\$
b. LESS Total Amount of Indirect Requested (if any):	\$
	V
c. EQUALS Total Waiver of Indirect Costs (=a-b):	\$
d. Amount of IDC recovery forgone due to waiver:	
• Dean (=c*37.09%):	\$
• Provost (=c*37.09%):	\$
• VP for Research (=c*13.82%):	\$
e. Does the sponsor limit the total funding for this project?	V
If Yes, Funding is limited to:	\$
If Yes, and assuming the scope of work cannot be reduced to accommodate the limitation, is there a need to reduce costs in order to have enough direct costs to meet requirements of the scope of work:	V
f. Is this waiver necessary to meet a cost share requirement:	V

**Justification** (Please describe why this waiver is in the best interest of the University):

**Signature Approvals:**

<b>Principal Investigator</b>	<b>PI-#</b>	<b>PI-)</b>	<b>VP for Research</b>
Name	Name:	Name:	Name:
Date:	Date:	Date:	Date: