

REQUEST FOR WAIVER AND/OR REDUCTION OF INDIRECT COSTS

Date: \_\_\_\_\_

Principal Investigator: \_\_\_\_\_

Research Unit: \_\_\_\_\_

Granting Agency: \_\_\_\_\_

|                                | First Year | All Years |
|--------------------------------|------------|-----------|
| Total direct costs             | _____      | _____     |
| Salary, wages, fringe benefits | _____      | _____     |

Project Period: \_\_\_\_\_

Title of Project: \_\_\_\_\_

Budget Details:

(Please attach copy)

Present Indirect Cost Rate for your Subdivision: \_\_\_\_\_%

Waiver or Reduction Requested to: \_\_\_\_\_%

Amount of Indirect Costs (in dollars) to be Waived:

(# of years \_\_\_\_\_) All years: \$ \_\_\_\_\_

Justification: **Please attach Sponsor Policy**

\_\_\_\_\_  
Principal Investigator

\_\_\_\_\_  
Director of Research Institute