

Office of Sponsored Programs and Research
Indirect Cost Waiver Request

Proposal Information

PI Details: <i>Name:</i> <i>Phone:</i> <i>Dept:</i> <i>School:</i>

Funding Agency Details: <i>Agency Indirect Rate Allowed:</i> <i>Base:</i> <i>Total Direct Cost Funds Requested:</i> <i>Proposal Due:</i>

Waiver Information

Indirects Eligible to Charge to Grant: \$
Waiver Requested: \$
Indirects University will Recover if Waiver Granted: \$

Rationale:

Project Description:

Dean's Office Waiver Comments

Supported

Not Supported

Comments:

OSPR Office Action

Approved

Disapproved

Additional Info Requested:

Additional Revision Requested:

Reviewed by: _____ Date: _____