

SPH Indirect Cost Waiver Request Form

Request date:

ORSP full review deadline:

Project Director:

PAF #:

Sponsoring Agency:

Project Title:

IDC rate being requested:

Max rate allowed by sponsor (Y/N)?:

	Full IDC rate	Reduced IDC rate
Total direct costs		
MTDC		
Indirect cost		
Total project cost		

Please address the following:

1. What is the importance of the proposed research to the PI, Department and School?

2. Please provide documentation from the sponsor indicating the allowable IDC for the project (URL preferred). Is there a negotiated or legacy IDC rate used between UM and this sponsor?

3. If the sponsoring agency IDC rate is less than 20%, how do you propose to make up the shortfall (e.g., via above-the-line expenses, waiver of salary savings, use of research incentive funds)? Please consult your department administrator for options prior to submitting the form.

Dept. Chair approval:

Date:

Dean's Office approval:

Date: