# REQUEST FOR DISCRETIONARY INDIRECT COST REDUCTION OR WAIVER

Principal Investigator _____ Department _____

Project Title _____

_____

Sponsor _____ Proposal Due Date _____

Sponsor's Allowable Indirect Cost Rate: ◯ ON CAMPUS- 47.86% of MTDC

*(check one)* ◯ OFF Campus-19.42% of MTDC

◯ Other: _____ % of Base _____

Request *(check one)*: ◯ Full Waiver ◯ Rate Reduction to _____ % of Base _____

Institutional Cost: Indirect Cost Recovery if Sponsor's Normal Rate is Used: $_____
Indirect Cost Recovery if Requested Rate/Waiver is Used: $_____
Total loss to the Institution $_____

Reason(s) for Request

☐ The benefit of the proposed project to the College, in terms of institutional capacity building, outweighs the loss of indirect cost revenue.

☐ The proposed project is small, will not require extraordinary effort and/or resources to administer, and will significantly enhance my research career.

☐ The project requires significant institutional cost-sharing that cannot be fully met by other sources.

☐ The assessment of the full indirect cost rate or administrative fee would significantly reduce the competitiveness of the proposal.

☐ The project carries a maximum allowable total cost. Assessment of the full indirect cost rate would reduce the amount of funds available for project implementation to such an extent that the scope of work or deliverable could not be accomplished.

☐ A particular market condition makes this request appropriate or advisable.

Justification of Reason(s):

Principal Investigator _____ Date: _____

ENDORSEMENTS: Chair/Director _____ Date: _____

Dean/VP_____ Date: _____