

Request for Indirect Cost Reduction or Waiver

The Office for the Vice President for Research (VPR) expects that the university's full and allowable indirect cost rate (IDC) will be applied to all sponsored project proposals. However, in certain circumstances the VPR will be willing to consider a waiver or a reduction of the IDC rate. Requests for IDC waivers/reductions must be approved before the proposal is submitted. Please complete this form, print the form, obtain signatures, and forward a scanned version to VPR employees Mary Scott-Hall (mshall@iastate.edu) and Ásrún Ýr Kristmundsdóttir (ayk@iastate.edu) for consideration. The fully signed reduction/waiver document should be attached to the GoldSheet.

Note: If the sponsor has a posted policy limiting the IDC rate, an IDC reduction/waiver is not needed. The posted policy/proposal guidelines limiting the IDC rate should be attached to the GoldSheet.

Principal Investigator: _____ Proposal Due Date: _____
Administering Department/RRC Unit: _____ Requested Indirect Cost Rate: _____
Proposed Period (Start Date/End Date): _____ GoldSheet #: _____
Proposal Title: _____
Sponsor: _____

Is the sponsor a federal agency? Yes No

If "No", will the project be funded from federal flow-through funding? Yes No

Sponsor Official Contact Name/Title: _____

Sponsor Official Contact Phone: _____

Has ISU received funding previously from this sponsor? Yes No Unknown

Maximum Allowable Indirect Cost Rate for the sponsor: _____

Note: Please attach any relevant indirect cost communications you have had with the sponsor to this request.

Cost to ISU from the IDC Waiver/Reduction Request:

- a) Indirect cost recovery if full IDC rate is applied \$ _____
- b) Indirect cost recovery if the requested rate is used \$ _____
- c) Loss of IDC Revenues to the university \$ _____
- d) Loss of PI Incentive (15% of line a, above) \$ _____

Reason(s) for Request (include rationale for institutional interest or benefit):

Print out completed form and obtain signatures.

Principal Investigator's Signature: _____ Date: _____

Endorsed by: Department Chair/Center Director: _____ Date: _____

Printed Name: _____

Dean/Associate Dean/VP: _____ Date: _____

Printed Name: _____

VPR Determination:

- Approved for one year Approved for five years Approved for Proposed Period Rejected
- Other Rate Approved @ _____

Vice President for Research Official: _____ Date: _____

