REQUEST FOR INDIRECT COST WAIVER

A waiver or reduction of Indirect costs (IDC) associated with a grant proposal, award, or contact, may be requested in extraordinary circumstances. Waiver requests are not intended to take the place of direct financial support from the department/school. In most cases, cost-sharing may be more appropriate. Refer to HOOP 69, Indirect Costs Policy.

To request an IDC waiver, email the completed form with: 1) grant abstract or scope of work, 2) grant budget and budget justification, 3)proposal instructions or URL, to Kathleen.kreidler@uth.tmc.edu at least 14 days prior to the proposal deadline or submission of budget to potential sponsor.

submission of budget to pot	ential sponsor.				,.,.		
PI Name: (Last, First)	Sponsor/Fu	nding Agency:					
Proposal/Submission Sponsor Deadline Date: Rate (%)		nsor's IDC e (%):				Number of Project Years	
ustification for Waiver:							
Provide sufficient justification	on for the IDC w	aiver request. Do	not include a pr	oject description	on.)		
Direct Cost (DC) Budget (total all yrs	s):		Subtotal DC * IDC Rate:	Sponsor's			
Less DC Excluded			Subtotal DC ³	*			
from IDC Calc (total all years):			Requested ID				
Subtotal DC (IDC Base):			IDC Waiver F	equested:			
Complete the below only w	hen requesting	waiver of IDC o	n the first \$25,00	0 of each suba	ward.		
Number of Subawards:	Sumber of Subawards: x x =			Total Waiver Request:			
APPROVALS:							
PI Signature	Date	Dept Authorized		Date	Dean Signature	Date	
To be completed by Sponso	red Projects (Re	maining signatures v	will be obtained by Si	PA):			
AVP SPA review/recommen	dation:						
				nount of		IDC Rate approved:	
			W	aiver	ap	proved.	

Assoc VP, SPA

Date

approved: