

Indirect Cost Rate Reduction Request Form

This form shall be used whenever a Principal Investigator seeks a partial or full waiver of the SOM approved IDC rate where the sponsor does not have a published IDC rate.

Complete all sections of this form, including obtaining the signature approval of the Principal Investigator's department chair, and return electronically to som-resadmin@case.edu. Electronic signatures are acceptable. Also, please attach a draft copy of your project budget for review and a copy of the specific RFP/RFA if available.

PROJECT INFORMATION

- Principal Investigator Name and Title:
- Department: _____ Phone: _____ Email: _____
- Administrative Contact Person:
- Name of Sponsor or Funding Agency:
- Is Sponsor or Funding Agency a "for profit" entity?
- Is the Sponsor/Funding Agency: A Prime Recipient Sub Recipient Neither
- If the Sponsor/Funding Agency is a sub recipient, please provide the name of the prime recipient:
- Project Title:
- Project Duration:
- What are your total direct costs on this project:
- Does the project involve live vertebrate research:
- Requested IDC Rate:
- What is your proposed effort on this proposal?
- Please provide below a breakdown of percentage effort for your current salary allocation:
 - Federally Funded Grants and Contracts
 - Non-Federally Funded Grants and Contracts
 - Start -Up Funds
 - Department (includes PHORC Core Director)
 - Other: Please explain:
- Have/are you planning to submit this same proposal to other funding agencies: Yes No
If yes, please list the name of additional sponsor(s):
- Please list your current other support (*Or attach a copy of your current Other Support page from your CV*):

JUSTIFICATION FOR REQUEST

Please provide a written justification of why you feel you need a reduction of indirect costs on this proposal at this time. Factors considered are:

- Total direct costs of the award equal to or less than \$10,000
- Pilot grant award mechanism
- Planning grant award mechanism
- Studies involve only patient costs
- Potential effect on Investigator's research program

APPROVAL

Principal Investigator: _____
Signature _____ Date _____

Department Chair: _____
Signature _____ Date _____

SOM Office of Research Administration Use Only:

SOM Vice Dean for Research _____
Signature _____ Date _____

- This request is: Approved
 Not Approved
 Partial Reduction _____%