

Indirect Cost Rate Reduction Request Form

This form shall be used whenever a Principal Investigator seeks a partial or full waiver of the University 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 dkr3@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

Student Affairs & Provost Finance Administration Use Only:

Associate VP of Operations _____
Signature Date

This request is: Approved
 Not Approved
 Partial Reduction _____%