

### Request for Indirect Cost Reduction or Waiver

The Office of the Vice President for Research (OVPR) 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 OVPR 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 OVPR employees Jeremy Nepl ([jernepl@iastate.edu](mailto:jernepl@iastate.edu)) and Ásrún Ýr Kristmundsdóttir ([ayk@iastate.edu](mailto: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: \_\_\_\_\_

