

ORSP Proposal Number:	Date:
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**REQUEST FOR WAIVER OF  
FACILITY AND ADMINISTRATIVE COSTS  
(Indirect Costs)**

Title of Proposal:		
Funding Agency:		
Principal Investigator/Project Director:		
College:	Department:	Phone/E-mail:

<b>INDIRECT COST WAIVER CALCULATIONS</b>	<b>AMOUNT</b>
Total Amount Requested from Funding Agency	
Amount of Waiver Requested*	
Department Match	
College Match	
University Match	
Tuition Waiver Match	
Indirect on Match**	
<b>TOTAL PROJECT COST:</b>	

\*The difference between what is included in the budget for indirect costs and the University's negotiated rate.

\*\*The rate on the University match will always follow the University-negotiated rate for the agency.

**University Negotiated Rates: (Check rate used)**

- Federal On-Campus Rate: 38% of salaries and wages
- Federal Off-Campus Rate: 20% of salaries and wages
- Other and Rate Used \_\_\_\_\_ \*\*\*

\*\*\*Check only if agency specifies a certain rate in the RFP; also, attach page from RFP stipulating rate.

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 Justification for Waiver: (Please explain the manner in which this project will benefit students)

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\_\_\_\_\_  
 Principal Investigator/Project Director      Date

\_\_\_\_\_  
 Recommended: ORSP Director                      Date

\_\_\_\_\_  
 Recommended: College Dean                      Date

\_\_\_\_\_  
 Approved: Dean, Res. & Grad. Studies      Date