## **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 <u>Kathleen.kreidler@uth.tmc.edu</u> at least 14 days prior to the proposal deadline or submission of budget to potential sponsor.

PI Name: (Last, First)	Sponsor/Funding Agency:						
Proposal/Submission Deadline Date:		Sponsor's IDC Reque Rate (%): IDC Ra				Number of Project Years	
Justification for Waiver: (Provide sufficient justificatior	n for the IDC wa	aiver request. Do	o not include a pr	oject descri	iption. )		
Direct Cost (DC) Budget (total all yrs)	:		Subtotal DC <sup>3</sup> IDC Rate:	* Sponsor's			
Less DC Excluded from IDC Calc (total all years):	Subtotal DC * Requested IDC Rate:						
Subtotal DC (IDC Base):	IDC Waiver Requested:						
Complete the below only wh	nen requesting	waiver of IDC o	n the first \$25,00	00 of each s	ubaward.		
Number of Subawards:	x	x	=	Total Waiver Request:			
APPROVALS:							
PI Signature	Date	Dept Autho	orized Signature	Date	Dean Signa	ature	Date
To be completed by Sponsor	ed Projects (Re	maining signatures w	will be obtained by S	PA):			
AVP SPA review/recommend	lation:						
			w	mount of aiver oproved:		IDC Rate approved:	

Date

Assoc VP, SPA

Date