Request for Reduction or Waiver of Indirect Costs

Liberty University

Note to the Principal Investigator (PI)/Project Director (PD): A request for reduction or waiver of indirect costs must first be approved by the PI/PD's Dean and then by the Grants Administrator. Approval signatures on this form must be obtained by the PI/PD prior to finalization of the proposal's budget by the Grants Administration Office. Attach this form to the *Grant Proposal Form* for approval by Grants Administration.

This fillable form is designed to be completed on your computer. Use the tab key or the mouse to click on each block of information.

I. Applicant Information		
PI's/PD's Name:	Title:	
Department:	Phone number:	E-mail:

II. Proposal Information		
Project Title:		
Sponsor:	Source of Funds:	Type of Project:
Proposal Due Date:	Project Start Date:	Project End Date:
Total Direct Costs (A) : $	Requested Indirect Costs (B): $	Total Costs: (A+B) $
Full Indirect Cost Rate : 37.3 %	Requested Indirect Cost Rate: %	

III. Justification for Waiver/Reduction Request

Facilities and Administrative Costs (indirect costs) reimbursed by an agency pay for utilities, maintenance of buildings and grounds, administrative costs of the department, etc.

This request is for (please check):

☐ A Full Waiver of Indirects **or** ☐ A Rate Reduction to _____ %.

Please check below the reason the Institution should consider approval of this waiver/reduction request and explain how the project will benefit from the waiver/reduction:

☐ The indirect cost rate used is the maximum permitted by the agency's policy
☐ The benefit of the proposed project to the Institution, in terms of institutional capacity building, outweighs the loss of indirect cost revenue.
☐ The project requires significant institutional cost-sharing that cannot be fully met by other sources.
☐ The project carries a maximum allowable total cost. Assessment of the full indirect cost rate would reduce the amount of funds available for project implementation to such an extent that the scope of work or deliverable could not be accomplished
☐ Other

Justification for reduction or waiver/reduction and how the project will benefit from the waiver:

IV. Signatures

Approved: No ☐ Yes ☐

_____ _____
PI/PD's Signature Date

_____ _____
Dean's Signature Date

V. Action

For Grants Administration Use Only

☐ Approved at indirect cost rate of _____%.

☐ Indirect Cost Rate Waived

☐ Approved with Conditions

☐ Disapproved

Approved: No ☐ Yes ☐

_____ _____
Grants Administrator Date