



For OSRP Use Only Date Received: _____ OSRP #: _____

A. INVESTIGATOR INFORMATION

Principal Investigator: _____

College/Cost Center: _____ Dept./Center: _____

Phone: _____ Fax: _____ E-Mail: _____

B. PROJECT/BUDGET INFORMATION

Title of Proposal: _____

Funding Agency: _____	Budget Totals: Direct Costs Requested: _____ Indirect Costs to be Waived: _____ Cost Share Commitment: _____ Total Budget (Req. + Cost Share): _____ \$0.00
Program: _____	
CFDA# (if applicable): _____	

C. RATIONALE FOR INDIRECT COST WAIVER REQUEST

D. UNIVERSITY APPROVAL OF INDIRECT COST WAIVER

By signing below, parties agree to waive distribution of indirect costs related to the above referenced project.

_____ Principal Investigator	_____ Date	_____ PI Department/Center Head	_____ Date
_____ PI Dean/Director/Cost Center Head	_____ Date	_____ VP for Research & Economic Development	_____ Date