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| Principal Investigator: | | Phone/Email: | |
| Department: | | Sponsor: | |
| Proposal Title: | | | |
| Total Estimated Budget Amount: | | University Indirect Cost Rate: % | |
| Requested Indirect Cost Rate: % | | Total Amount of Waived Indirect Cost: | |
| Project Location: On-Campus % Off-Campus % | | | |
| Project Category: <u>Choose only one category</u> Research Training/Instruction Other Sponsored Activities | | | |

Please explain the necessity and benefit to the project and to SIUC in waiving or reducing the indirect costs. Attach a preliminary budget and justification and statement of work.

The undersigned approve the reasons for the reduction, and understand and agree that if this project is funded on a fixed-price basis and residual funds remain at the end of the award, the residual funds will be used first to recover all reduced indirect costs based on the total direct costs awarded.

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| Principal Investigator | Date: |
| Department Chair | Date: |
| Dean | Date: |
| Vice Chancellor for Research | Date: |