

## Sponsored Projects Services (SPS) Indirect Costs Waiver Request Guidance

## **PURPOSE**:

Indirect Costs (IDC) Waiver Requests, upon approval from the Office of Research, allow for a project budget to apply a reduced IDC rate or to waive the IDC applied to the direct costs of a project budget.

IDC Waivers may be requested when either Chapman University's applicable IDC rate or the IDC rate allowable per sponsor guidelines would not allow for sufficient remaining project funds to complete the sponsored activity as outlined in the project proposal. For example, the sponsor's funding ceiling is set at \$50,000, but if Chapman's full IDC rate is applied, it is not feasible to complete the project aims with the remaining \$36,232 allowable budget balance.

Each request to either reduce or waive the IDC rate for a project will be evaluated on a case by case basis and will take into account the individual factors related to that project. All sponsored activity budgets are to apply Chapman's existing IDC rate(s) unless express permission is provided via an IDC Waiver Request Form or is otherwise restricted by the sponsor of a given project.

<u>NOTE</u>: An IDC Waiver Request Form is not needed if a sponsor restricts the allowable IDC rate that can be applied to a project budget (e.g., American Heart Association restricts IDC to 10%, so that rate would be allowable without requiring an IDC Waiver Request).



## Sponsored Projects Services (SPS) IDC Waiver Request Form

## Indirect Costs (IDC/F&A) Reduction or Waiver Request Form

Prior approval is required for all proposals requesting to apply an indirect rate that is <u>less than</u> either **1)** Chapman University's federally negotiated IDC rate(s); or **2)** a sponsor restricted IDC rate (e.g., AHA restricts IDC to 10%).

<u>Instructions</u>: Complete this form, including securing PI and Dean signatures, then upload to the Cayuse SP record for the applicable proposal. Please be sure that the related internal budget is also uploaded to ensure proper review of this request. Sponsored Projects Services will then review the request and submit to the Director of SPS for approval.

| Principal Investigator:  |            |            |       |       |
|--|------------|------------|-------|-------|
| College:   | Dept:      |            |       |       |
| Sponsor:   |            |            |       |       |
| Project Title:   |            |            |       |       |
| Proposal Due Date:   |            |            |       |       |
| PI Signature:  |            |            | Date: |       |
|  |            |            |       |       |
| Project Budget   |            |            |       |       |
| Direct Costs (Modified Total Direct Costs/MTDC Base):  |            |            |       |       |
| Chapman University Negotiated IDC Rate:  |            |            |       |       |
| (A) Full Chapman IDC recovery, if applied to MTDC base:  |            |            |       |       |
| Requested Rate:  |            |            |       |       |
| (B) Requested IDC Costs:   |            |            |       |       |
| Total IDC Waiver Requested (unrecovered IDC = A - B):  |            |            |       |       |
|  |            |            |       |       |
| Justification for Waiver Request (Attached additional page if needed)  |            |            |       |       |
| μ.σ.σ.σ.σ.σ.σ.σ.σ.σ.σ.σ.σ.σ.σ.σ.σ.σ.σ.σ  |            |            |       |       |
|  |            |            |       |       |
|  |            |            |       |       |
|  |            |            |       |       |
|  |            |            |       |       |
| The justification should include a rationale for the request and why Chapman University should subsidize the IDC. Please |            |            |       |       |
| attach additional pages, if necessary.  Print Name Approval Signature Date   |            |            |       |       |
| Print Name   | Approval   | Signature  |       | Jale  |
| Dean:  | ☐ Yes ☐ No |            |       |       |
|  |            |            |       |       |
| For SPS Use Only   |            |            |       |       |
| SPS Administrator Verification of Information  | ☐ Yes ☐ No | Signature: |       | Date: |
| Director of SPS Approval   | Yes No     | Signature: | С     | Date: |

SPS – IDS Waiver Request Updated 8/17/2020