OFFICE OF SPONSORED PROGRAMS AND RESEARCH
1 UNIVERSITY PARKWAY
UNIVERSITY PARK, IL 60484
(708) 534-5000
OSPR@GOVSTATE.EDU

INDIRECT COST WAIVER REQUEST

Today's Date:

PI Name:

PI Phone Number:

PI Email address:

PI Department:

PI School:

FUNDING AGENCY DETAILS

Funding Agency Name:

Agency Indirect Rate Allowed: %

Base: $

Total Direct Cost Funds Requested: $

Proposal Date:

WAIVER INFORMATION

Indirect Costs Eligible to Charge to Grant: $

Waiver Requested: $

Indirect Costs the University would Recover if Waiver Granted: $

Rationale:

Project Description:

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Name of Dean or Authorized Representative:

Dean or Authorized Representative's signature of support:

Comments:

OSPR Office Action

Date received:

Reviewed by:

Approved: Yes ☐ No ☐ Additional information requested ☐