Request for Indirect Adjustment Form (ICAF)
Tuskegee University Office of Sponsored Programs

For a grant that DOES NOT reimburse indirect cost in accordance with the negotiated agreement with DHHS

Instructions: This form must be submitted to the Office of Sponsored Programs with the proposal.

DATE: ______
Title of Proposed Activity: ______
Principal Investigator: ___________________________ Phone: ______
Proposal No. ______
Verified by: ___________________________
Office of Sponsored Programs/Date

Indirect Cost Calculation if Negotiated Rate Had Been Used $_________%_____
Actual Indirect Cost Reimbursement in Proposed Budget $_________%_____
Difference $_____

If the budget is incomplete and the above amounts are unknown, use the maximum amount of funding allowed by the agency. The OSP will calculate the exact amount of the difference prior to submission.

Justification/Rationale for reduced Indirect Costs:

Signatures/Date:
________________________________________________________
Principal Investigator/Date ___________________________________ Dean/Date

________________________________________________________
Approval/Date:_______________________________ President