



## Request for Indirect Cost Reduction Form (ICRF)

Tuskegee University Office of Sponsored Programs

**For a grant that does 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