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