



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