

INDIRECT COST RATE EXCEPTION REQUEST

(Please read instructions before completing)

Revised July 1999

1. CAMPUS INFORMATION

Requested By: (Campus) _____ Date: _____

Contact (name): _____ Phone: _____

2. PROJECT INFORMATION

Sponsor Name: _____

Sponsor Code (if available): _____ Principal Investigator: _____

Project/Program Identifier: _____

Project Type: _____ Instruction _____ Research _____ Other Sponsored Activity

Location: _____ on-campus _____ off-campus

3. REQUEST INFORMATION

Request for: _____ Waiver of Rate; _____ Reduction of Rate to _____% of _____
(type of base*)

Request Applies to: _____ Individual Agreement _____ Class of Agreements

Reason: _____ A) Campus Vital Program (Chancellor/Designee's signature required with basis
for request provided.)
_____ C) Sponsor Policy (Attach)

4. ANALYSIS

HHS Applicable Rate _____ % of MTDC of \$ _____ = \$ _____

Sponsor Rate _____ % of _____ * of \$ _____ = \$ _____

Estimated Loss _____ % \$ _____

Basis for Request: (*use space to explain type of base if necessary.)

Contract & Grant Officer

Chancellor or Designee

For RAO Use

Report No. _____

Received on _____ Reviewed on _____

By _____

Approval: _____ Date _____ Initials _____

Comments _____

By Dir - RAO _____

By Exec.Dir-OTT _____

Campus Notified: Name: _____ Date: _____