

**INDIRECT (F&A) COST WAIVER REQUEST FORM**

Project Title: \_\_\_\_\_

5-Account #: \_\_\_\_\_

Agency: \_\_\_\_\_

PI/Dept.: \_\_\_\_\_

Indirect (F&A) costs have been waived/reduced to \_\_\_\_\_ for this award due to the following circumstances:

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Principal Investigator

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Department Chair

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Dean/Designee

\_\_\_\_\_  
Date:

\_\_\_\_\_  
OSP Authorized Official

\_\_\_\_\_  
Date: