

REQUEST FOR REDUCTION IN INDIRECT COSTS

Weill Medical College of Cornell University's policy is that sponsors of research cover all necessary costs of the project, both direct and indirect. The usual indirect cost rate is the federally negotiated rate, currently 68% of modified total direct costs. The only routine exception is industry sponsored clinical trials for which an IDC rate of 33% of funds received is standard. Gifts for support of research are charged 25% of funds received for IDC. If not-for-profit organizations or individuals provide funds to support research but prohibit use of the funds for IDC or limit the amount which can be used for IDC to less than 25%; then the faculty member, or department receiving the funds must identify other sources from which to pay a minimum of 25% IDC. If you believe that the requirement to provide IDC at the rates specified above should be partly or completely waived for this specific award/gift, please complete this form. The Associate Dean for Research and Sponsored Programs will consider your request and you will be notified of his/her decision. Please note that any waiver granted is only applicable to the specific award/gift described in this application and for a period of one year.

- 1) Name (Principal Investigator): \_\_\_\_\_ Date: \_\_\_\_\_
  
- 2) Department/Division: \_\_\_\_\_ Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_
  
- 3) Co-Investigator(s): \_\_\_\_\_
  
- 4) Title of Project: \_\_\_\_\_
  
- 5) Sponsor: \_\_\_\_\_  
Federal  State  Not-For-Profit Foundation/Society/etc.   
Commercial Organization/Industry  Other  \_\_\_\_\_
  
- 6) Nature of Award: Grant  Federal/State Contract   
Sponsored Res. Agreement. (Industry)  Clinical Trial Agreement (Industry)   
Other  \_\_\_\_\_
  
- 7) Are students/fellows/other trainees involved in this study? Yes  No   
If yes please describe type of trainees and the nature of involvement : \_\_\_\_\_  
\_\_\_\_\_
  
- 8) Will there be any cost sharing (i.e., use of WMC/departmental funds) to partially support this project? Yes  No  If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
  
- 9) Will the funds received for this project offset expenditures by WMC/department? Yes  No  If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
  
- 10) Reasons for requested reduction in IDC: \_\_\_\_\_
  
- 11) An IDC rate of \_\_\_\_\_% is requested.

Use additional sheets for answers as necessary.

Signature: \_\_\_\_\_  
Principal Investigator

Disapproved                       An IDC rate of \_\_\_\_\_% is approved

RASP # \_\_\_\_\_

Signature: \_\_\_\_\_  
Barbara Pifel, RN, JD                      Date