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|  | Indirect Cost Waiver Form |  |  |
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|  | The SUNY Research Foundation shall attempt to obtain from sponsors the maximum possible reimbursement of indirect costs and, if applicable, net release time funds, subject to specific procedures and criteria adopted by the University governing the approval of overhead reimbursement rates and reductions or waivers.  Please refer to the [Facilities & Administrative Cost Recovery Policy](https://www.rfsuny.org/media/rfsuny/policies/facilities-admin-cost-recovery_pol.pdf).  **PROPOSED AWARD INFORMATION**  **Sponsor:** Click or tap here to enter text. **Award Title**: Click or tap here to enter text.  **Performance Period:** Click or tap here to enter text. **Project Investigator**: Click or tap here to enter text.     |  |  |  | | --- | --- | --- | | Amount Waived  Complete all boxes below apply:  A. Applicable indirect cost rate for location: Click or tap here to enter text.  B. Proposed Direct Cost Amount on Award: Click or tap here to enter text.  C. Amount of Full Indirect Cost (A x B): Click or tap here to enter text.  D. Actual indirect cost to be applied: Click or tap here to enter text.  \*Includes allowable direct charge  E. Projected actual indirect cost amount (D x B): Click or tap here to enter text.  F. Amount of indirect costs waived (C – E): Click or tap here to enter text.   |  | | --- | | Justification and Approval | | Justification: Click or tap here to enter text.  **Campus President or Delegate Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  |