



IDC Waiver Form

This request should be submitted as soon as you are aware that an indirect cost waiver may be needed for the submission of a sponsored project proposal. Approval is required for all proposals without full indirect costs unless the limitation is stated in the sponsoring agency's RFP, program guidelines or bylaws.

SECTION A

PLEASE CHECK ALL THOSE THAT APPLY:

- | | | |
|----------------------|-----------|--|
| 1) Project Location: | On-Campus | Off-Campus (more than 50% work being completed off campus) |
| 2) Project Category: | Research | Instruction Other |

SECTION B

Cayuse Proposal Number:

Sponsor:

Principal Investigator:

Department:

Proposal Title:

Total Estimated Budget Amount: \$

Proposed Indirect Cost Rate: %

Indirect Rate Allowed by Sponsor: %

Total Amount of Waived Indirect Cost: \$

SECTION C

Please explain the necessity AND benefit to William Paterson University and the State of New Jersey, in waiving the indirect costs. Attach a draft budget and statement of work, if available.

Section D (Signatures Required)

Department Head/Chair:

Date:

Dean:

Date:

Senior Associate Dean for Research (SOM Only):

Date:

Vice President for Research:

Date:

Provost:

Date: