

Request for a Sponsored Research Indirect Cost Rate (IDC) Policy Exception

Weill Cornell Medicine's policy is that sponsors of research cover all costs of the project, direct and indirect. WCM's indirect cost rate per our federal agreement is 69.5%. Complete this form to submit a request for consideration of an exception to the rate specified in the policy. Your request will be considered and you will be notified. The policy exception, if granted, will only apply to this application.

Section 1: General Information

1) Name (Principal Investigator): _____ Date: _____

2) Department/Division: _____ Email: _____

3) Title of Project: _____

4) Sponsor: _____

Federal ☐ State ☐ Nonprofit Foundation/Society/etc. ☐

Commercial Organization/Industry ☐ Other ☐ _____

5) Type of Award: Grant ☐ Federal/State Contract ☐

Sponsored Research Agreement (Industry) ☐ Service Agreements/Other ☐

Section 2: Attach additional sheets as necessary

6) Are students/fellows/other trainees involved in this study? Yes ☐ No ☐

If yes, please describe type of trainees and the nature of involvement: _____

7) Will there be any cost sharing (i.e., use of WMC/departmental funds) to partially support this project?

Yes ☐ No ☐ If yes, please explain: _____

8) Will the funds received for this project offset expenditures by WCM/department?

Yes ☐ No ☐ If yes, please explain: _____

9) Reason for requested exception to Policy: _____

Section 3: Arguments for Consideration

10) Will there be future renewal periods or projects at WCM's full rate? If so, when are they likely to eventuate? Please explain:

11) Is there potential for inclusion in scientifically unique or significant research that would set WCM apart? Explain:

12) Is there potential IP and related royalties/revenue streams? Explain:

13) Have other institutions agreed to accept the same or a similar rate for sponsorship in this project? Is this information transparent and able to be confirmed? If Yes, please explain:

14) Are there any other facts that you believe should be taken under consideration? If Yes, please explain:

15) An IDC rate of % is requested

PI Signature: _____

Department Chair Signature or Designee: _____

WRG#

☐ Disapproved

☐ an IDC rate of % is approved

Last revised 5/8/2018

Signature: _____

Aleta Gunsul, Director, OSRA