

## 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 69.5% 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 a 25% Dean's tax and this form must be sent to Edward Walsh, Senior Director of Finance and Accounting for review and approval (ecwalsh@med.cornell.edu). If nonprofit 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 69.5%, attach documentation from Sponsor that indicates their IDC rate and policy. If you believe that the requirement to provide IDC at the rates specified above should be partly or completely waived for this specific award, please complete this form. Your request will be considered and you will be notified of the decision. Please note that any waiver granted is only applicable to the specific award described in this application and for a period of one year.

1) Name (Principal Investigator): \_\_\_\_\_ Date: \_\_\_\_\_

2) Department/Division: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

3) Co-Investigator(s): \_\_\_\_\_

4) Title of Project: \_\_\_\_\_

5) Sponsor: \_\_\_\_\_

Federal  State  Nonprofit 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 : \_\_\_\_\_

Use additional sheets for answers as necessary.

11) An IDC rate of  % is requested

PI Signature\*: \_\_\_\_\_

Department Chair Signature or Designee\*\*: \_\_\_\_\_

COEUS #

Disapproved

An IDC rate of  % is approved