

Request for IDC Waiver or Reduction

Request must be submitted to the appropriate Dean's Office

10 business days prior to proposal due date

This form must be completed for any proposed F&A recovery that varies from the current applicable LUC IDC rate with the following exception:

This form is not required for proposals to sponsors who have published rates that are less than the applicable LUC rate. "Published" means the rate appears within the sponsor's guidelines (e.g., request for proposal/application, funding announcement, BAA, terms and conditions, or other published guidelines) or is publicly stated on the sponsor's website. This documentation must be provided to ORS when submitting a proposal for institutional review and endorsement.

LU #:	Requestor:
PI:	Request Date:
Department:	Proposal Due Date:
Proposal Title:	
Expected Performance Period:	
Sponsor:	Is Sponsor Federal? Yes 🗌 No 🗀
Will the project be funded from flow-through funding?	Yes No Is Flow-through Federal? Yes No
Flow-through funder (if applicable):	
Hospital/LUMC Resources (check all that apply)	
☐ Patient Data ☐ LUMC Equipment	Other
☐ Collection of Patient Samples ☐ LUMC Space	
If you answered yes to any of the items above, what is the	he status of LUMC's approval?
☐ Not yet Submitted ☐ In-Progress ☐ Approved	d
Select and enter the current applicable LUC IDC rate: Cu	rrent Grant Facilities & Administrative Rates
Organized Research (on-campus)-all research and deseparately budgeted and accounted for and are sport organizations.	·
Other Sponsored Activity (on-campus)-projects fina organizations which involve the performance of wor Examples include; Health service projects, travel graand community service programs. %	
rate applies. In general at LUC, all projects should be	ned in facilities not owned by LUC, then the off-campus considered on-campus unless it is clearly documented ne project activity occurring off-site, university systems
Does the sponsor allow IDC recovery? Yes No	
Is this a fixed-price agreement? Yes ☐ No ☐	

If yes, anticipated minimum direct	cost \$	anticipated maxin	num direct cost $ $	
If no, what is the Direct Cost amou	nt in the proposal?	\$		
What IDC rate is being requested?	%			
	If full rate is applied	If requested IDC rate is applied	Proposed Waived IDC	
IDC Amount				
Justification for requested rate and Sponsor restrictions. If Sponsor res	•	•		•
Required documentation for subn	nission (check box	es)		
☐ Routing Form				
Proposed detailed budget				
☐ Scope of Work				
 Sponsor and/or Flow-through documentation stating IDC lin 		· · · · · · · · · · · · · · · · · · ·	nouncements, or ot	her Sponsor
We have carefully considered instinctusion of our direct costs for accharges, etc., as allowable by the	dministrative supp	•		• .
Authorized Signature of Principal Inv	vestigator or Budget A	Administrator	Dat	te
Incomplete requ	ests missing inforn	mation or support doc	umentation will be	returned
Central Office Endorsements				
Endorsed by: Signature of Director o	f Business Operation	S	Dat	re
	☐ Appr	oved Denie	d	
Authorized Signature of Vice Provost	t for Research		Dat	re