Rev. 122325

INDIRECT COST REDUCTION OR WAIVER REQUEST

Form Instructions:

- Attach this form to the Proposal Application Form if the indirect cost rate (ICR) allowed by the sponsor is lower than the current federally-negotiated NMC indirect cost rate. This rate can be found. in the NMC Negotiated Indirect Cost Agreement (NICRA) at https://newmexicoconsortium.org/inside-nmc/office-research-administration/
- Supporting documentation required in addition to this form:
  - ☐ PI's CV with prior funding record and list of publications
  - ☐ A budget summary
  - ☐ A high-level budget justification
  - ☐ Copy of the RFP for the funding mechanism that is being applied to

Project Information

Your Name:

Your Home Institution:

Your Current Relationship with NMC: ☐ Employee ☐ Affiliated Researcher. ☐ Joint Appointee. ☐

Other(explain): _____

Your Role in the Proposed Project: _____

Project Title:

Sponsor:

Period of Performance:

Expected Award: ☐ Grant ☐ Contract ☐ Other: _____

Place of performance: ☐ NMC Office ☐ Home Office ☐ Other: _____

Purpose of project: ☐ Research ☐ Other: _____

Complete this Table.

1.	Total direct costs for the project	$
2.	NMC Negotiated Indirect Cost Rate (ICR) at the time this form was completed	%
3.	Total indirect cost to NMC with the current negotiated ICR	$
4.	Reduced ICR requested	%
5.	Total indirect cost to NMC with the reduced ICR	$
6.	Total requested subsidy: subtract the amount in line 5 from the amount in line 3 above.	$

Complete the following:

1. What is the purpose of this project?

2. Is there a cap on sponsor funds available for this project? If yes, what is the cap?

3. Is cost sharing required and is a waiver of the indirect costs eligible to be considered cost share?

4. Why is this project important to New Mexico Universities, LANL, NMC, and the PI?

5. Enter the value from Line 6 in Table above _____. Your signature below signifies that you are asking the NMC to subsidize this project by the amount shown. Explain why NMC should subsidize this project.

6. How will the NMC costs associated with the project be covered? E.g., how will NMC be reimbursed for the use of staff time; how will you pay for the space used and utilities cost?

7. Are there any other extenuating circumstances that would support a request for a reduction in the ICR? Please provide specific information and details. Attach additional pages if needed.

Signature

PI signature below confirms that information provided in this form is true, complete, and accurate. Additional signatures confirm approval of the loss of indirect costs that would be incurred if this waiver is approved. All approvals must be obtained before proposed project can be submitted to the sponsor.

PI's Signature: _____