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| logo | *Office of Grant Accounting*1687 Tullie Road Atlanta, GA 30329oga@choa.org |

**Indirect (F&A) Cost Waiver/Reduction Request**

Principal Investigator:

Department

Project Title

Sponsoring Agency: Total Direct Cost:

Project Period Start Date End Date:

Budget Period Start Date: End Date:

Standard IDC rate: Proposed IDC rate:

Waiver/Reduction for all years? Est. Impact to CHOA\*:

Contact Person Name: Contact Number:

APPROVALS

Manager, Office of Grants Accounting Date

Director, Research Finance or Accounting Date

\*Vice President Finance Date

\*Chief Finance Officer Date

 OSP USE ONLY

The following action will be taken regarding this request:

 None

 Waived

 Reduced to %

*\*VP from requesting SL signature required if impact > $20,000; CFO signature required if impact >$100,000. Director signature required is impact >$10,000 Revision Date: 8/5/2015*