



**OFFICE OF SPONSORED PROGRAMS  
INDIRECT COST WAIVER REQUEST FORM**

CMU PROPOSAL NUMBER  
CMU-  
*To be completed by OSP*

**PART I. PROJECT INFORMATION**

Principal Investigator/Project Director:				700#:	
Department:			Campus Phone:		
Campus Email:					
Co-PI/PD 1:			Co-PI/PD 1 Department:		
Co-PI/PD 2:			Co-PI/PD 2 Department:		
Project Title:					
Sponsor/Funding Agency:					
Sponsor Type:			ALN, if listed on RFP:		
Proposal Submission Deadline:			Project Start Date:		Project End Date:
Award Type:			Work Site:		Proposal Type:
Project Type (select all that apply):					Current ORGN: (if not new)
Instruction/Training	Research	Public Service	Institutional Support		
Academic Support	Student Support	Scholarships	Facilities/Equipment		

**PART II. BUDGET INFORMATION**

Is participant support included in budget?	Y	N	Type(s):		
Is equipment >\$5,000 included in budget?	Y	N	Location for purchased equipment:		
Are sub-awards included in budget?	Y	N	Number of sub-awards:		
Is faculty salary included in budget?	Y	N	Course Buy-Out	Summer Salary	Other
University Cost Share?	Y	N	Mandatory	Cash	In-Kind N/A
<b>Period</b>	<b>Direct \$</b>	<b>Indirect \$</b>	<b>Total \$</b>	<b>Cost Share \$</b>	<b>Notes:</b>
Year 1					
Year 2					
Year 3					
Year 4					
Year 5					
<b>Total</b>					

**PART III. JUSTIFICATION**

Please explain why you are requesting an indirect costs waiver in the space below.

**PART IV. APPROVAL & SIGNATURES**

Waiver approved?	Y	N
Director of the Office of Sponsored Programs:	Date:	
Vice President of Academic Affairs:	Date:	
*President of Colorado Mesa University:	Date:	

\*On an as needed basis