



**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
Period	Direct \$	Indirect \$	Total \$	Cost Share \$	Notes:
Year 1					
Year 2					
Year 3					
Year 4					
Year 5					
Total					

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