

SOUTHERN UTAH UNIVERSITY
Development/Academic Grants Office

**JUSTIFICATION FOR WAIVER OR ADJUSTMENT OF
INDIRECT COSTS TO BE COLLECTED BY SUU FROM AWARDING AGENCIES**

Granting Agency: _____ Date: _____

Principal Investigator(s): _____

SUU Account Name: _____ Account Number _____

1. Amount of Indirect Costs to be waived:
- A. Indirect costs negotiated with cognizant federal agency:
(41% x salary/wages and benefits) = \$ _____
 - B. Amount of indirect costs allowed by the granting agency for
This proposal:
(_____ %x _____) = \$ _____
 - C. Amount of indirect charges to be waived by SUU = \$ _____

2. Faculty Review Committee approval not required: (circle proper action)
- A. Cooperative Agreement
 - B. Indirect Costs restricted or disallowed by funding agency (attach supporting documentation)
 - C. Gift or grant under \$10,000 to support graduate student and/or supplement existing projects funded through SUU funds
 - D. NO salary or Wages requested
 - E. Fellowship, traineeship, scholarship as defined in Sec A.3 of OMB Circular A-21

3. Voluntary waiver of indirect costs recommended by: _____

Principal Investigator

Department Chair

4. Review Committee approval necessary:
(Do not complete item 4 and sub paragraphs below if item 2 above is applicable.)

- A. Reasons for waiver of Indirect costs other than those indicated in Item 2.

- B. Is the University required to perform a service or report as a result of the award?
- C. Does the grant provide support for undergraduate of graduate students?
- D. Is the University _____ or Funding Agency _____ the primary beneficiary of the proposed program, or _____ is the program mutually funded? (check one)

5. Review Committee: Please Initial
Approval: _____ Disapproval: _____

6. Authorized signature(s) NOTE

Date: _____

Date: _____

Further Comments: