



## Indirect Costs Waiver Form

CMU Proposal Number  
CMU –  
*To be completed by OSP*

Current ORGN# (if  
applicable)

### PART I: PROJECT INFORMATION

Principal Investigator/Project Director:

700#:

Department:

Campus Phone:

Campus Email:

Co-PI/PD 1:

N/A

Department:

Campus Email:

Campus Phone:

Co-PI/PD 2:

N/A

Department:

Campus Email:

Campus Phone:

Project Title:

Sponsor/Funding Agency (no acronyms):

Sponsor Type:

ALN (CFDA#) if listed:

Proposal Deadline:

Projected Start Date:

Projected Duration (months):

Award Type:

Work Site:

Proposal Type:

Project Type (select all that apply):

Instruction/Training

Research

Public Service

Institutional Support

Academic Support

Student Support

Scholarships

Facilities/Equipment

### PART II: BUDGET INFORMATION

Faculty/Staff Compensation Type (select all that apply):

No faculty or staff salary has been requested (summer salary, course buyout, etc.) for **any** CMU employees

Course Buyout:

Number of Credits Per Semester:

Total Semesters:

Summer Salary:

Total Months Requested:

Above and Beyond Stipend:

Total Amount Requested:

Other:

Please Describe:

Please fill in your budget information below.

Year 1:

- Direct:
- Indirect:
- Cost Share:
- Total

Year 2:

- Direct:
- Indirect:
- Cost Share:
- Total

Year 3:

- Direct:
- Indirect:
- Cost Share:
- Total

Year 4:

- Direct:
- Indirect:
- Cost Share:
- Total

Year 5:

- Direct:
- Indirect:
- Cost Share:
- Total

Notes:



Is there participant support (scholarships, student travel, etc.) included in the budget?		Yes	No
Is equipment >\$5,000 included in the budget?	Yes	No	
If yes, where will it be located?			
Is there a cost share/match or in-kind contribution required?		Yes	No
Cost Share/Match	In-Kind	Received Approval:	Yes No
<i>*If approval has been received, please email OSP a copy</i>			

PART III: JUSTIFICATION

Please explain why you are requesting an indirect cost waiver in the space below. Make sure to attach an abstract or brief project description with this waiver.

PART III: APPROVALS

Waiver approved?	Yes	No
Director of the Office of Sponsored Programs:		
Provost:		
*President of Colorado Mesa University:		
<i>*At discretion of Provost</i>		