

Facilities and Administrative (Indirect Cost) Waiver Request: Please complete all sections and secure signatures.

Off-Campus Rate Request: Please complete all sections; PI and Department Head/Chair signatures only.

Approval is required for all proposals without full indirect costs unless the limitation is stated in the sponsoring agencies RFP, program guidelines or bylaws. The off-campus indirect rate can only be used when more than 50% of Rowan's projects activities are conducted in facilities not owned or maintained by the university or when the university does not provide facilities and maintenance services.

SECTION A**PLEASE CHECK ALL THAT APPLY:**

- 1) **Project Location:** ☐ On-Campus ☐ Off-Campus (more than 50% work being completed off campus)
2) **Project Category:** ☐ Research ☐ Instruction ☐ Other

SECTION B

Cayuse Proposal Number:	Submission Date:
Sponsor:	
Principal Investigator:	Department:
Proposal Title:	
Total Estimated Budget Amount:	Proposed Indirect Cost Rate: %
Indirect Rate Allowed by Sponsor: %	Total Amount of Waived Indirect Cost: \$

Section C

Please explain the necessity AND benefit to Rowan University and the State of New Jersey, in waiving the indirect costs. Attach a draft budget and statement of work, if available.

Section D (Typed Name AND Signatures Required)

Principal Investigator:	Signature	Date:
Department Head/Chair:	Signature	Date:
Dean:	Signature	Date:
Senior Associate Dean for Research (SOM Only)	Signature	Date:
Vice President for Research:	Signature	Date:

Please submit completed form via e-mail to: Pre-Award at preaward@rowan.edu