

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 Chancellor for Research                  | Signature | Date: |

Please submit completed form via e-mail to: Pre-Award at [preaward@rowan.edu](mailto:preaward@rowan.edu)