**KECK SCHOOL OF MEDICINE**

**PARTIAL IDC WAIVER REQUEST FORM**

Principal Investigator:

Co-Investigators:

Project Title:

Sponsor Name:

Check: Industry Sponsor\* Private Foundation

Project Start \_\_\_/\_\_\_/\_\_\_\_ Project End \_\_\_/\_\_\_/\_\_\_\_\_

IDC Rate (%) Requested:

\*Will this proposal if awarded require additional space or renovation? \_\_\_YES \_\_\_NO

If YES please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check Attachments Included with Request:

\_\_\_\_ Project Specific Aims

\_\_\_\_ Total Project Costs Including IDC rate

\_\_\_\_ Budget Justification

\_\_\_\_ Description of benefits to the School/Department e.g., publications, discoveries, or future projects with full cost recovery

\_\_\_\_\_ Description of cost sharing cost shared by the Department including PI effort, support staff effort, supplies and IDC

\_\_\_\_\_ Explanation of why the sponsor can not afford to fully cost the project

\_\_\_\_\_ Statement of PI and Key Personnel Conflict of Interest

\_\_\_\_\_ \* Sponsor agreement attached (Industry Sponsor)

Requestor/PI Signature Date

Department Chair Approval Signature Date

Vice Dean for Research Approval Signature Date

\_\_\_\_\_ Request Approved. See comments below.

\_\_\_\_\_ Request Denied. See comments below.

Comments: