

### Non-Profit Indirect Cost (IC) Waiver Form

Click [here](#) for GCO's Non-Profit Indirect Cost (IC) Waiver Policy Implementation Guidance.

GCO #: \_\_\_\_\_  
Funding Agency Name: \_\_\_\_\_  
Project Title: \_\_\_\_\_  
Project Period Dates: \_\_\_\_\_  
Indirect Cost Rate: \_\_\_\_\_

**Amounts Requested:** List the amounts requested in the table below.

Y1	Y2	Y3	Y4	Y5	Grand Total
DC: _____	DC: _____	DC: _____	DC: _____	DC: _____	DC: _____
IC: _____	IC: _____	IC: _____	IC: _____	IC: _____	IC: _____
TC: _____	TC: _____	TC: _____	TC: _____	TC: _____	TC: _____

**Justification from Chair** (Select one.)

- ☐ Junior Faculty hired within the last 3 years . Add hire date. \_\_\_\_\_
- ☐ Senior Faculty with robust IC reimbursement. Add IC recouped last year amount. \_\_\_\_\_
- ☐ Exceptional Circumstance not covered above. Please justify. \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Approval:**

Department Chair Name \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

Dean Name \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_