



## Request for Indirect Cost Reduction Form (ICRF)

Tuskegee University Office of Sponsored Programs

**For a grant that does reimburse indirect cost in accordance  
with the negotiated agreement with DHHS**

**Instructions:** This form must be submitted to the Office of Sponsored Programs with the proposal.

DATE: \_\_\_\_\_

Title of Proposed Activity: \_\_\_\_\_

Principal Investigator: \_\_\_\_\_ Phone: \_\_\_\_\_

Proposal No. \_\_\_\_\_

Verified by: \_\_\_\_\_  
Office of Sponsored Programs/Date

Indirect Cost Calculation if Negotiated Rate Had Been Used \$ \_\_\_\_\_ % \_\_\_\_\_

Actual Indirect Cost Reimbursement in Proposed Budget \$ \_\_\_\_\_ % \_\_\_\_\_

Difference \$ \_\_\_\_\_

If the budget is incomplete and the above amounts are unknown, use the maximum amount of funding allowed by the