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CALIFORNIA STATE UNIVERSITY, FRESNO FOUNDATION  
INDIRECT COST REDUCTION APPROVAL FORM

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Date: \_\_\_\_\_

Project PI: \_\_\_\_\_

Project Title: \_\_\_\_\_

Sponsor Agency: \_\_\_\_\_

Sponsor Program (if applicable): \_\_\_\_\_

BUDGET: **Direct Costs:** \$ \_\_\_\_\_

**Indirect Costs:** \$ \_\_\_\_\_

**Total Costs:** \$ \_\_\_\_\_

Indirect Rate Allowed by Sponsor: \_\_\_\_\_ % of \_\_\_\_\_ \$ \_\_\_\_\_  
(Base)

Difference Between \$ Amount of Indirect Costs Allowed and Amount Requested \$ \_\_\_\_\_

Reason for budgeting indirect at a rate less than allowed by sponsor:

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**Signatures Below Indicate Approval. Important Note: An amount equal to the difference between the amount of indirect cost funds requested and the amount allowed by the funding source may be deducted from the amount of funds the college/unit receives from indirect cost recovery surplus.**

\_\_\_\_\_  
Dean of College

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provost and Vice President for Academic Affairs or Designee

\_\_\_\_\_  
Date