
CALIFORNIA STATE UNIVERSITY, FRESNO FOUNDATION
INDIRECT COST REDUCTION APPROVAL FORM

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:

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