**Request for Waiver of Research Indirect Cost Recovery (ICR)**

Chief Investigator(s) are advised to read the ACU Research Costing Policy before submitting a request for waiver of infrastructure levy. The Research Costing Policy can be found at <https://policies.acu.edu.au/research/general_policies/research_costing>.

The Deputy Vice-Chancellor, Research (DVCR) may approve a reduction or complete waiver of the ICR on a case-by-case basis.

Applicants seeking full or partial exemption of the ICR must submit the Indirect Cost Recovery Waiver Form via Faculty Executive Dean/ADR/Research Institute Director to the DVCR via the Research Office, Grants team.

The following categories of external research funding are exempt from indirect cost recovery:

* Commonwealth schemes listed on the [Australian Competitive Grants Register](https://www.education.gov.au/news/2018-australian-competitive-grants-register-acgr-now-available)
* Travel and Equipment Grants
* Bona fide donations to the University
* Fellowships and Scholarship stipends for training of Postgraduate students
* Schemes that specifically prohibit or cap the recovery of indirect costs in their Guidelines or Terms and Conditions

|  |  |  |  |
| --- | --- | --- | --- |
| **Total Funding** | **Indirect Cost Recovery** **(Per cent of total funding)** | **Per cent allocated to ODVCR** | **Per cent allocated to School/Institute** |
| Up to $10,000 | 15% | 40% | 60% |
| Over $10,000 | 20% |

1. PROJECT DETAILS

|  |  |
| --- | --- |
| **Orion ID** | Click or tap here to enter text. |
| **Name of Funding Scheme** | Click or tap here to enter text. |
| **Funding Body ID** | Click or tap here to enter text. |
| **Title of Project** | Click or tap here to enter text. |
| **Total Funding (ex-GST)** | Click or tap here to enter text. |
| **Project type***(Please tick all relevant boxes)* |
| [ ] **Research Project funds** | [ ] **Fellowship** | [ ] **Scholarship** | [ ] **Award/Prize** |
| [ ] **Equipment only** | [ ] **Tender/Consultancy** | [ ] **Use of facilities** | [ ] **Travel funds** |
| [ ] **Other** [Please give brief description]Click or tap here to enter text. |

1. ACU RESEARCHER DETAILS

List the first three lead Chief Investigators. Additional CIs/AIs can be provided as an attachment to the form.

|  |  |  |
| --- | --- | --- |
| **First and last name** | **Faculty/School/Research Institute/Centre** | **FTE on this project (e.g. 0.4 FTE)** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

1. DETAILS OF REQUEST

|  |
| --- |
| Please select the appropriate box |
| [ ]  Full waiver |  |
| [ ]  Partial waiver | Request to reduce indirect cost recovery from …… % to …… % |
| Justification: Click or tap here to enter text. |

1. FACULTY EXECUTIVE DEAN/ADR/RESEARCH INSTITUTE DIRECTOR RECOMMENDATION

|  |
| --- |
| Click or tap here to enter text. |

1. CERTIFICATIONS

We certify that:

* the information contained in this form is complete and accurate
* there is no direct or indirect conflict of interest, financially or managerially, with the Funding Body, collaborating body or associated entities.

|  |  |  |
| --- | --- | --- |
| **Name of first-named** **Chief Investigator** | **Signature** | **Date** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |

|  |  |  |
| --- | --- | --- |
| **Faculty Executive Dean/ADR/Research** **Institute Director** | **Signature** | **Date** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |

1. SUBMISSION INSTRUCTIONS

Please attach this form to the RAF which must be received by the Research Office ***at least five days prior*** to the Funding Body’s Scheme’s due date.

1. DIRECTOR, RESEARCH SERVICES’ DECISION

|  |  |
| --- | --- |
| [ ]  Approved  | [ ]  Not approved |
| **Director, Research Services** | **Signature** | **Date** |
| A/ Prof. Michael Baker  | Click or tap here to enter text. | Click or tap to enter a date. |

Please attach email approval in the absence of a digital signature