



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.