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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Principal Investigator** | | | | | | | **Department / Faculty** | | | |
| **Funding Source** | | | | | | | **Date Of Grant/Contract** | | | |
| **Matching Funds (if Applicable)** | | | | | | | | | | |
| **Title Of Project:** | | | | | | | | | | |
| **Value Of Grant/Contract:** | **Direct Costs**  **$** | | | | | | | **Indirect Costs**  **$** | | |
| **Indirect Cost Rate Required By University Policy** | | | 40% | | | | | 30% | | 25% |
| **Requested Indirect Cost Rate** | | % | | | | | | | | |
| **Budget Attached?** | | Yes | | No | | | | | TRAQ DSS # (required) | |
| **Justification for request for reduced indirect costs:**    **APPROVALS** | | | | | | | | | | |
| **Principal Investigator**  Name:  Date: | | | | |  | **Hospital Signature (if required)**  Name:  Date: | | | | |
| **Department Head**  Name:  Date: | | | | |  | **Industry Partnerships /University Research Services**  Name:  Date: | | | | |
| **Vice/Associate Dean Research Signature**  Name:  Date: | | | | |  | The personal information collected on this form is collected under the authority of the Queen's Royal Charter of 1841, as amended. The information collected will form part of the records held within the Vice-Principal (Research) portfolio at Queen's University. It will be used in the administration of your research program. If you have any questions or concerns about the information collected, please email research@queensu.ca | | | | |