

# REQUEST FOR VARIANCE TO INDIRECT COSTS OF SPONSORED RESEARCH POLICY



Principal Investigator  Request Date   
(mm/dd/yyyy)

Department/Faculty

Project Title

Funding Source  TRAQ DSS#

Matching Funds (if applicable)  Other:  TRAQ DSS#

Value of Grant / Contract  Date of Grant/Contract   
(mm/dd/yyyy)

Indirect Cost Rate Required by University Policy  Requested Indirect Cost Rate (%)  
Other rate:

Describe the return on investment for Queen's, if approved. Justification may include, for example, in-kind contributions, access to specialized equipment/ infrastructure or other resources, significance and/or unique nature of the partnership. Budget Attached (required)

I have consulted with my Associate/Vice-Dean (Research) Yes No

Requested by:

Principal Investigator

Name Signature Date (mm/dd/yyyy)

Submit signed form to [research@queensu.ca](mailto:research@queensu.ca) for internal review. The completed form with approval signature(s) will be returned to the PI for attachment to the relevant TRAQ DSS.

Approval Signatures (Vice-Principal Research or delegate)

Name Signature Date (mm/dd/yyyy)

KHSC/KHScri (only required if hospital-based study)

Dr. Steven Smith

Vice President, Health Sciences Research, Kingston Health Sciences Centre  
President & CEO, Kingston Health Sciences Centre Research Institute

Signature

Date (mm/dd/yyyy)

Internal Use Only