INDIRECT COST WAIVER REQUEST
For Non-Capital Property

OVERVIEW

Capital Equipment, also known as fixed assets, embody the following attributes:

- Has a useful life of more than one year and a unit cost of $5,000 or more
- Upgrades to capital equipment costing $5,000 or more can be capitalized when any one of the following is met:
  - Creates a substantial increase in the functionality of the equipment which allows it to function or perform tasks it was previously incapable of performing.
  - Produces a substantial increase in the efficiency of the equipment, i.e., an increase in the level of service provided by the equipment without the ability to perform additional tasks
  - Extends the estimated useful life of the equipment
- Charges that do not meet these eligibility requirements are accounted for as operating expenditures

Indirect Costs (F&A) are normally charged on property that does not meet the capital requirements listed above, whereas capital equipment is exempt from indirect costs. This form should be completed to request an indirect cost waiver for non-capital property purchases that were budgeted as capital equipment for the project but whose actual cost does not qualify as being a fixed asset.

INSTRUCTIONS

Accurate budgeting for capital equipment rests with the project’s Principal Investigator. Please explain why an indirect cost waiver for non-capital property is justified for the equipment listed below and attach a detailed project budget. Improving the competitive advantage of a proposal is not a legitimate justification for the waiver of indirect costs.

Forward this completed form and equipment budget to ocgproperty@colorado.edu for OCG’s review and approval.

Project # or SpeedType ________________ Principal Investigator _____________________________
Equipment Budget Total ________________ Cost of Equipment Covered by Waiver ________________

Justification for the Non-Capital Property purchase requested by this waiver

Principal Investigator Signature ___________________________________________________________________________ Date ______________________
Chair/Director Signature ________________________________________________________________________________ Date ______________________