

MED Indirect Cost Recovery Policy
Authorized by the MED Senior Associate Dean for Research

Indirect cost recovery is a means by which institutions—including FSU—obtain from funding agencies a portion of the expenses associated with supporting research. The inclusion of these charges results in the support of research efforts across FSU, and more specifically, research efforts at the College of Medicine (MED).

Expectations for indirect cost recovery at MED incorporate [FSU Policy 7A-12 Indirect Cost Recovery](#) and include the following.

Indirect costs (IDC) will be charged at the appropriate negotiated rate or sponsor-mandated rate.

Principal investigators (PIs) do not have authority to negotiate IDC rates with sponsors. Any requests to negotiate IDC should be directed to the MED Office of Research Administration, which will facilitate next steps with FSU.

PIs may apply to foundations, corporations, governmental agencies, and other research funding entities that do not, by stated policy, provide IDC.

For sponsors that *do* allow IDC, PIs are expected to include in their proposal budgets the full negotiated rate for FSU or the maximum IDC allowed by the sponsor.

Should a PI have reason to request a reduced IDC rate or waiver, the request must be submitted through RAMP for MED chair and dean approval before it is sent to the FSU Vice President for Research for final approval. Requesting waivers of negotiated and allowable charges means a decreased research funding pool and a corresponding reduction in the research and creative activities that FSU stimulates and supports, and may impact research operations at MED. All requests for reduced IDC rates or waivers must be explicitly justified, including the positive impacts to the institution that will result from the reduced or waived IDC.

Indirect costs are required for MED participation on non-MED proposals.

Institutional research collaborations are encouraged and supported by MED leadership. MED participation does involve costs to the college, however, and allocation of IDC commensurate with resource commitment is expected.

MED investigators involved in collaborative projects should make this expectation clear to non-MED PIs and confirm that MED will hold approvals for collaborative proposals until an appropriate IDC allocation to MED is visible in RAMP.

IDC allocations to MED should consider:

- Facility resources committed by MED: e.g., machines, clinics, labs, storage.
- Number of MED personnel participating on the project (including students).

- MED impact to the project. For instance, a single investigator providing as-needed consultation impacts a project differently than two investigators providing animal work under MED protocols.
- Budgetary concessions allowed by MED. For instance, if a MED investigator has been approved to participate on a project at no cost to the grant, IDC allocation to MED should reflect participation appropriately.
- MED IDC may or may not reflect the same percentages for investigator effort or investigator credit. While that is a typical approach applied by multiple colleges, those percentages may not reflect the impact to the project. For instance, if the one MED investigator on a project is committing 5% effort but is also responsible for managing all aspects of a primary component or Aim of the project, MED's IDC expectation is higher than 5%.

Indirect costs must be allocated to collaborating FSU departments.

For the same reason that MED requires IDC on collaborative proposals, it is expected that MED will provide appropriate IDC allocations to our research partners.

Each PI should manage this conversation with collaborators and determine each department's anticipated and appropriate IDC allocation. Conflicts can be negotiated at the chair or dean level.

MED will hold proposal approval until all partnering units are assigned IDC and allocation is visible in RAMP.

Indirect costs must be allocated to participating MED departments and the MED Dean.

IDC allocated to MED must be divided to allocate 15% of the total percentage to the MED Dean. For instance, if MED will receive 100% IDC, 15% of that total will be allocated to the MED Dean and the remaining 85% will be distributed to participating MED departments.

All MED departments participating on a project should receive an IDC allocation. PIs should work with their participating colleagues to determine anticipated distribution. Conflicts can be negotiated at the chair level.

MED will hold proposal approval until all participating MED departments are assigned IDC and until allocation to the MED Dean is visible in RAMP.