

UNIVERSITY OF GHANA



UG OVERHEAD WAIVER REQUEST FORM

TO BE COMPLETED AT THE PRE-AWARD STAGE I.E., BEFORE GRANT SUBMISSION

INSTRUCTIONS

1. Download, complete and endorse form;
2. Return completed form to the relevant submission point as indicated below for processing before grant submission:

UG Unit	Submission Point	Email
1. Research and Innovation and Directorate (RID)	RID Grants Office	rid-grantsmgt@ug.edu.gh
2. College of Humanities	CoH Grants Office	coh-grantsmgt@ug.edu.gh
3. College of Education	CoE Grants Office	coe-grantsmgt@ug.edu.gh
4. College of Basic and Applied Sciences	CBAS Grants Office	cbas-grantsmgt@ug.edu.gh
5. College of Health Sciences	CHS Grants Office	chs-grantsmgt@ug.edu.gh

A WAIVER/PERMISSION IS REQUESTED:

(PLEASE TICK AS APPLICABLE):

- ☐ To charge a rate lower than the funder's **FIXED** overhead rate.
- ☐ To charge an overhead rate lower than the funder's specified **RANGE**.
- ☐ To charge a rate lower than UG's prescribed overhead rate of 25% though the funder will allow full recovery of overhead costs by UG.
- ☐ To meet cost recovery requirements for a grant submission.

Applicant Information

Name of Principal Investigator:	
UG Staff No:	
Date of 1 st Appointment at UG:	
Current Rank:	
Department:	
School:	
College:	
Email Address:	
Telephone Number(s):	

Collaborative/Partner Institutions (*where applicable*):

Funder Information

Funder:	
Link to Funding Opportunity (<i>or website</i>):	

Funding Opportunity Number/Reference Number:	
Funding Opportunity Title:	
Deadline Date and Time:	
Project Information	
Project Title:	
Budget ceiling by funder <i>(where applicable)</i> :	
Estimated total budget of proposal <i>(attach estimated budget)</i> :	
Prescribed overhead rate of funder <i>(attach supporting documents)</i> :	
Reduction/waiver of overhead rate requested:	
Justification for requesting waiver/reduction:	

APPLICATION ENDORSEMENT:

Applicant:	
Signature:	Date:
Head of Department:	
Name:	Department:
Signature & Stamp:	Date:
Dean/Director** (**Where the applicant is a Dean/Director, this section must be endorsed by the Provost)	
Project Title:	School/College:
Signature & Stamp:	Date:

B. FOR OFFICIAL USE ONLY:

Date of receipt of application at Grants Office <i>(Please use official date stamp)</i>	
Name & Signature of Processing Officer/RDO:	
Recommendation by Processing Officer/RDO:	
Recommendation Date:	
Final Decision by Pro Vice-Chancellor (RID)/Provost:	
Signature & Stamp:	Date: