**Indirect Waiver Request Form**

The Commonwealth of Massachusetts

Executive Office for

Administration and Finance

STATE HOUSE **▪** ROOM 373

BOSTON, MA 02133

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 www.mass.gov/eoaf

1. **Agency Name:**
2. **Contact Information:**
3. **Account Type:**
4. **Account #:**
5. **Date Submitted to ANF:**
6. **Analyst Name:**
7. **Title of Grant/Trust:**
8. **Duration of Grant/Trust:**
9. **Purpose of Grant/Trust:**
10. **Explanation of Hardship/Why Agency Cannot Afford Indirect:**
11. **Indirect Waiver Amount Requested for Current Fiscal Year: $**

**Please Note:** *It is current ANF policy to approve indirect waivers for only the current fiscal year. If the agency is requesting an indirect waiver for subsequent fiscal years, please provide a) information about the amount in each of those years and b) the reason that a multiple year waiver is necessary.*

**Attachment:** Agencies must provide a copy of the federal guidance that prohibits or discourages the charge of indirect costs.

**Prohibiting Language:** (Please use the space below to quote prohibiting language that can be found in the attachment. Please cite paragraph and page number).