## Sample Public Records Act Language for NIH Grant Indirect Cost Rate

Every state has a different Public Records Act Law. To get a sample of what such a request should look like for your state, please go here: <a href="https://www.nfoic.org/state-sample-foia-request-letters/">https://www.nfoic.org/state-sample-foia-request-letters/</a>

In your letter, you should request the following information to **better understand how your institution** is using the negotiated NIH indirect cost rate and to understand the impact on the faculty and staff on your campus.

- 1. **Identify the indirect cost rate and allocation** for NIH grants at [institution name] before 2025. Ohow indirect costs are allocated, including specific line items (for example, general administration, departmental administration, facilities, student services, utilities, maintenance, and security).
  - What the indirect cost recovery rates have been for 2020, 2021, 2022, 2023, and 2024.
- 2. Identify current NIH grants.
  - o Please provide a list of all active NIH grants at [institution name], including:
    - Principal investigators (PIs)
    - Grant titles and awarded amounts
    - Previously negotiated indirect cost rates for each grant
- 3. Please provide any internal assessments or reports that have been created on how this policy change will affect ongoing and future research projects.
- 4. Personnel and budget implications.
  - The number of faculty, staff, and student employees funded (fully or partially) through indirect cost allocations.
  - Any planned or potential reductions in workforce, layoffs, hiring freezes, or program cuts as a result of this funding change.
  - $\circ$  Any impact on graduate assistant funding, research assistantships, or postdoctoral positions.  $\circ$  Any potential changes to workload expectations, reassignment of duties, or other impacts on working conditions.
- 5. Identify any contingency plans the administration is considering to offset the loss of indirect cost funds.
- 6. Provide any communications with NIH, HHS, or other federal agencies regarding this policy change.



