

Request for Facilities & Administrative Cost Reduction or Waiver

The Office of the Vice President for Research (OVPR) expects that the university's full and allowable facilities and administrative (F&A) cost rate will be applied to all sponsored project proposals. However, in certain circumstances the OVPR is willing to have OSPA (Office of Sponsored Programs Administration) consider a waiver or a reduction of the F&A rate. Requests for F&A waivers/reductions must be approved before the proposal is submitted. **The requested reduced F&A rate must be based on the total direct costs (TDC) of the project.** Please complete this form, obtain endorsement and forward an endorsed completed form to FandAWaiver@iastate.edu for consideration. The fully signed reduction/waiver document should be attached to the GoldSheet.

Note: If the sponsor has a posted policy limiting the F&A rate, an F&A reduction/waiver is not needed. The posted policy/proposal guidelines limiting the F&A rate should be attached to the GoldSheet, and completion of this form is not needed.

Principal Investigator: _____ Proposal Due Date: _____

Administering Department/RRC Unit: _____ Requested F&A Cost Rate: _____

Proposed Period (start date/end date): _____ GoldSheet #: _____

Proposal Title: _____

Sponsor: _____

Is the sponsor a federal agency? Yes No

If "No", will the project be funded from federal flow-through funding? Yes No

Sponsor Official Contact Name/Title: _____

Sponsor Official Contact Phone: _____

Has ISU received funding previously from this sponsor? Yes No Unknown

Maximum allowable F&A cost rate for the sponsor:

F&A basis: MTDC TDC Total costs Other If Other, describe: _____

Note: Please attach any relevant F&A cost communications you have had with the sponsor to this request.

Cost to ISU from the F&A waiver/reduction request:	\$	
a) Indirect cost recovery if full IDC rate is applied	\$	
b) Indirect cost recovery if the requested rate is used	\$	
c) Loss of IDC revenue to the university	\$	
d) Loss of PI incentive (15% of line a, above)	\$	

Reason(s) for request (include rationale for institutional interest or benefit):

Principal Investigator's Signature: _____ Date: _____

Endorsed by: Department Chair/Center Director: _____ Date: _____

Printed Name: _____

Dean/Associate Dean/VP: _____ Date: _____

Printed Name: _____

OSPA determination:

Approved for one year Approved for five years Approved for proposed period Rejected

Other rate approved @ _____

OSPA Official _____ Date: _____