

## 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](mailto: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): \_\_\_\_\_ PD# \_\_\_\_\_

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: \_\_\_\_\_