# F&A Reduction Request Form (MN-GEMS)

***Instructions:*** Fill out the form and route it for approval/signature from the department head and collegiate Research Associate Dean. After obtaining the approvals, it is ready for SPA review. To obtain SPA review, upload the signed form in the MN-GEMS funding proposal record using the Manage Ancillary Reviews activity and selecting the review type of “F&A Waiver” (See the associated Quick Guide for step-by-step instructions). Submitting this ancillary review will route it to SPA for action.

***Note to principal investigator:****A form is needed when F&A amount in the proposal is less than what the University is entitled to claim using its applicable federally negotiated F&A rate, and the type of waiver requested is either a “regular waiver” or “strategic waiver” as described in the University’s procedure entitled* [*Requesting Facilities and Administrative (Indirect Cost) Reductions*](https://policy.umn.edu/research/cost-proc03)*. A form is not required for a “small project” waiver; the research associate dean’s approval of a MN-GEMS funding proposal serves as approval for this type of project.*

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| **Principal Investigator:** |  | | | | |
| **Academic Unit:** |  | | | | |
| **MN-GEMS Funding Proposal ID (e.g, FP12345678)** |  | | | | |
| **Proposal Due Date:** |  | | | | |
| **Anticipated Project Start / End Dates:** |  | | | | |
| **Sponsor Name:** |  | | | | |
| **F&A Actual if Full Rate is Charged (All Years in the Competitive Segment):**  *For base, please list one of the following:*  *MTDC = modified total direct costs*  *TDC = total direct costs*  *Other* | List full rate & base  (e.g. 55% MTDC) | X | List total base amount against which F&A will be charged | = | List F&A amount if full rate were to be used |
| **Reduced F&A Requested (All Years in the Competitive Segment):**  *For base, please list one of the following:*  *MTDC = modified total direct costs*  *TDC = total direct costs*  *Other* | List requested rate & base  (e.g. 10% TDC) | X | List total base amount against which F&A will be charged | = | List F&A amount if requested rate is approved |
| **Amount of Reduction Requested:** Difference between actual and requested cumulative over all years in the competitive segment. This is an estimate only; actual reduction will depend on the actual direct costs expended. | (subtract *requested amount* from *full amount*) | | | | |
| **Reason / justification for the request:**  Please indicate in detail the reasons the university should subsidize the costs of this project by reducing the F&A rate that all sponsors are expected to pay. If the sponsor cannot pay or is unwilling to pay the full rate, please explain why. Explain the impact on the project if the full rate is charged.  For strategic waivers, explain why it is in the best interest of the university overall (in addition to any benefit to your college or academic unit) to accept this waiver. |  | | | | |

**APPROVALS:**

The undersigned approve the reasons for the reduction, and understand and agree that if this project is funded on a fixed-price or fixed-rate basis, and residual funds remain at the end of the award, the residual funds will be used first to recover all reduced F&A costs based on the total direct costs awarded.

Principal Investigator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_

Department/Center Head \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_

Collegiate Research Associate Dean \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_

*Approval now obtained via the ancillary review process in MN-GEMS: see instructions at*

Associate Vice President for Research\* *the top of the form for how to invoke this review process.*

*\*Waiver requests often require significant discussions. The AVP may opt to confer with Deans or the VPR prior to approval of any strategic waiver requests.*