# F&A Reduction Request Form

***Instructions:*** Fill out the form, print, obtain the department head signature, and send it to your Collegiate Research Associate Dean. The Collegiate Research Associate Dean will either deny the request and return it to the investigator, or approve it and forward it to Janine Stammler (Lehm0070) in Sponsored Projects Administration.

***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 waiver 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 on a PRF constitutes approval for that type of waiver.*

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| --- | --- | --- | --- | --- | --- |
| **Principal Investigator:** |  | | | | |
| **SPA Grant and Contract Officer:** |  | | | | |
| **Academic Unit:** |  | | | | |
| **Proposal Title:** |  | | | | |
| **Proposal Due Date:** |  | | | | |
| **Anticipated Project Start / End Dates:** |  | | | | |
| **Sponsor Name:** |  | | | | |
| **F&A Actual if Full Rate is Charged (All Years in the Competitive Segment):** | List full rate & base  (e.g. 52% MTDC) | X | List total base amount against which F&A will be charged | = | List F&A amount if full rate were to be used |
| *For base, please list one of the following:*  *MTDC = modified total direct costs*  *TDC = total direct costs*  *Other* |  |  |  |  |  |
| **Reduced F&A Requested (All Years in the Competitive Segment):** | 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 |
| *For base, please list one of the following:*  *MTDC**= modified total direct costs*  *TDC = total direct costs*  *Other* |  |  |  |  |  |
| **Amount of Reduction Requested:** Difference between actual and requested. 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. |  | | | | |

Copies of the approved/disapproved waiver should be sent to (please include name/email):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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\_\_\_\_\_\_\_\_\_\_

Pamela Webb, Associate Vice President \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_

for Research \*

*Comments:*

*\*If the waiver request is strategic, AVP Webb may elect to confer with VP Oakes prior to final action. Waiver requests often require significant discussions; the recommended lead time (for submission of the waiver request to the department) for “regular” waiver requests is one week in advance of the proposal due date, and two weeks for “strategic” waiver requests.*

**FOR SPA USE ONLY:**

**Waiver is: □ Approved □ Denied □ Not Needed (insert comments)**

**Fiscal Year of Waiver: \_\_\_\_\_\_\_\_ Waiver Type: □ Regular Waiver □ Strategic Waiver**

**Calculations verified:**  
SPA Grant Administrator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_