

F&A Cost Waiver Request

The Principal Investigator (PI) is required to include indirect costs, also known as facilities and administrative costs (F&A) in any proposed budget for all grants, contracts, and cooperative agreements, using the University of Arizona's negotiated rates with limited exceptions. Please contact the Office of Sponsored Projects & Contracting Services for guidance.

This form is required when the PI requests a waiver or reduction of the F&A rate below the University's designated rate. Requests for consideration of an F&A reduction or waiver must be approved BEFORE a proposal is approved for submission to a sponsor.

A copy of this form must be submitted to SPCS with your UAR proposal no less than <u>5 business days before</u> the application deadline.

То Во	Completed by Pr	incipal Investigator/D	epartment Admin	strator
PI Name: E-Mail Address: Sponsor Name:			Department: Telephone:	
Proposal Title:				
Project Type:	Instruction or OSA	Research	Industry Research	n or Clinical Trial
Modified Total Direct Costs \$ - Univers		University's A	pplicable Negotiated	l Rate %
Overall Total Direc	t Costs \$	_		
Proposed Rate for to Cost to UA from the	•	aiver request:		
a. F&A recovery if full F&A rate is applied:b. F&A recovery if the requested rate is used:c. Loss of revenue to the University (a - b = c):			\$ \$ \$	- Calculated - Calculated - Calculated
Please describe why gra	anting this waiver is in	the best interest of the Univer	rsity. Use additional pag	es if needed:
Head and Dean or Associa undersigned agree that su and understands and agre residual funds will be use	ate Dean for Research) and uch interests outweigh the ees that if this project is fu	as been carefully reviewed by app d approved based on the vital inte financial cost to the University. T nded on a fixed-price basis, and r ed indirect costs based on the tota ecovery for the unit	rests served by conducting The undersigned approves residual funds remain at the	the project. The the reasons for the waiver, e end of the award, the
PI:				Date:
Dept. Chair:			<u></u>	Date:
Dean or ADR:				Date:
		OSP OFFICE USE		
RII Authorized sign	ner:		Date:	
	Recommend	ded Not recomm	mended	