

## 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 will be willing to 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, print the form, obtain signatures, and forward a scanned version to Jeremy Neppl ([jernepl@iastate.edu](mailto:jernepl@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.

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 revenues to the university \$ \_\_\_\_\_
- d) Loss of PI incentive (15% of line a, above) \$ \_\_\_\_\_

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

### Print out completed form and obtain signatures.

Principal investigator's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Endorsed by: Department chair/center director: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

Dean/Associate Dean/VP: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

VPR determination:

Approved for one year      Approved for five years      Approved for proposed period      Rejected  
Other rate approved @ \_\_\_\_\_

Vice President for Research official: \_\_\_\_\_ Date: \_\_\_\_\_

