



**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 5 business days before the application deadline.**

**To Be Completed by Principal Investigator/Department Administrator**

PI Name: \_\_\_\_\_ Department: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Sponsor Name: \_\_\_\_\_

Proposal Title: \_\_\_\_\_

Project Type:  Instruction or OSA  Research  Industry Research or Clinical Trial

Modified Total Direct Costs \$ \_\_\_\_\_ - University's Applicable Negotiated Rate % \_\_\_\_\_

Overall Total Direct Costs \$ \_\_\_\_\_ - \_\_\_\_\_

Proposed Rate for this Project % \_\_\_\_\_

Cost to UA from the F&A reduction/waiver request:

a. F&A recovery if full F&A rate is applied:	\$ _____ -	Calculated
b. F&A recovery if the requested rate is used:	\$ _____ -	Calculated
c. Loss of revenue to the University (a - b = c):	\$ _____ -	Calculated

Please describe why granting this waiver is in the best interest of the University. Use additional pages if needed:

\_\_\_\_\_  
\_\_\_\_\_

**APPROVALS:** The request to waive indirect costs has been carefully reviewed by appropriate and responsible, provisioned approvers (Dept Head and Dean or Associate Dean for Research) and approved based on the vital interests served by conducting the project. The undersigned agree that such interests outweigh the financial cost to the University. The undersigned approves the reasons for the waiver, and understands and agrees that if this project is funded on a fixed-price basis, and residual funds remain at the end of the award, the residual funds will be used first to recover all waived indirect costs based on the total direct cost awarded. The undersigned understands waiving F&A adversely affects the University and recovery for the unit

PI: \_\_\_\_\_ Date: \_\_\_\_\_

Dept. Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Dean or ADR: \_\_\_\_\_ Date: \_\_\_\_\_

**OSP OFFICE USE**

RII Authorized signer: \_\_\_\_\_ Date: \_\_\_\_\_

Recommended  Not recommended

\_\_\_\_\_