

## Facilities & Administrative (F&A) Rate Reduction/Waiver Request Form

Request Date:

OSPA Reviewer Name:

Principal Investigator:

Fiscal Officer:

School:

College:

Sponsor:

Project Title:

Location:

Cost Share:

Amount:

Federally negotiated rate applicable to the project:

Total direct costs for the project:

Modified\* total direct costs for the project:

Full F&A:

Total project costs:

Requested F&A rate:

Adjusted F&A:

F&A lost due to reduction/waiver.

Adjusted total project costs:

\*Modified excludes equipment over \$5,000, capital expenditures, non-SIU rental fees, tuition/fees, participant support costs, and subawards over \$25,000.

Provide justification for the reduction/waiver in the box below

Principal Investigator

Director/Equivalent

Dean/Equivalent

Vice Chancellor for Research

### OSPA/VCR COMMENTS ONLY