Office of Research and Sponsored Programs Facilities and Administrative Cost (F&A) Rate Reduction Request Form

1. Consult the Guidance for Recovering Facilities and Administrative Costs for University Administered Sponsored Grants, Agreements, and Contracts document, available at the RSP website (www.uni.edu/rsp), or contact an RSP staff member for assistance.
2. Complete Part A and Part B, sign in Part C, and obtain signatures from the appropriate administrators listed in Part C.
3. Submit to RSP at least 2 weeks prior to proposal submission. Send the completed form to the Office of Research and Sponsored Programs, 0394, or by emailing it to rsp@uni.edu.
4. If approved, attach a copy of the approved request to the Proposal Routing and Approval Form (PRAF).

Part A. Information
Principal Investigator/Project Director (PI/PD): ____________________________________________________________
Dept/Org. to which grant account will be assigned: ________________________________________________________
Proposal Title: _____________________________________________________________________________________
_____________________________________________________________________________________
Proposal Due Date: ____________________ Sponsor: _______________________________________________________
If subaward, Prime Sponsor: __________________________________________________________
What is the Sponsor’s published policy regarding F&A costs? (Attach documentation) ____________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
Name, e-mail address and telephone number of Sponsor’s contact to verify F&A rate/policy: _______________________
_________________________________________________________________________________________________
F&A rate requested: _______% Base to which rate is to be applied: ☐ Total Direct Costs ☐ Modified Total Direct Costs
Reason for this request: (Refer to guidelines) ____________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

RSP Use Only -
Date Submitted: ____________________
____ Approved   ____ Denied
### Part B. Financial Impact

<table>
<thead>
<tr>
<th>Proposed Budget Totals:</th>
<th>Budget Periods:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>First Year</td>
</tr>
<tr>
<td>a) Total Direct Costs</td>
<td>$</td>
</tr>
<tr>
<td><strong>F&amp;A (Indirect) Costs:</strong></td>
<td>First Year</td>
</tr>
<tr>
<td>b) F&amp;A Costs at UNI's full rate (33.8% x line a)</td>
<td>$</td>
</tr>
<tr>
<td>c) F&amp;A Costs at requested rate ( ______ % x line a)</td>
<td>$</td>
</tr>
<tr>
<td>d) Loss of F&amp;A Costs to UNI (line b - c)</td>
<td>$</td>
</tr>
<tr>
<td><strong>Incentive Fund Costs:</strong></td>
<td>First Year</td>
</tr>
<tr>
<td>e) Loss of PI Incentive Funds (10.5% x line d)</td>
<td>$</td>
</tr>
<tr>
<td>f) Loss of Dept. Head/Director Incentive Funds (5.25% x line d)</td>
<td>$</td>
</tr>
<tr>
<td>g) Loss of Dean Incentive Funds (5.25% x line d)</td>
<td>$</td>
</tr>
</tbody>
</table>

### Part C. Certifications

**PI/PD's Signature** __________  
**Date** __________

**Endorsed by:**

Department Head/Director __________  
**Date** __________  
Dean/Division VP __________  
**Date** __________

☐ Denied  ☐ Approved  ☐ See below for approval details (e.g. F&A rate to escalate during project period)

F&A rate approved for forwarding proposal to Sponsor: ________%  
Base: ☐ TDC  ☐ MTDC

Christine Twait, Associate Provost for Sponsored Programs __________

Approval Details: