F&A Waiver Request Form

Project Title:		
Sponsoring Agency:		
PI Name: Departme	:nt:	Coeus PD#:
Return Form to: Activ	ity Type:	Award Type:
Required Attachments: Budget, Budget Justification, Scope of Work/Abstract, Link to or copy of RFP		
We are requesting F&A costs be waived/reduced to% for this project due to the following circumstances:		
ept. Head Name: College Dean Name:		
DH Signature:	Signature: Dean Signature:	
Date: Date:		
This Section for Office of Research (OoR) Completion		
The Following action will be taken regarding F&A distribution	tion:	
No Action/Normal Distribution		
Amended Distribution		
% for the Department and	Vice President for Researc	h
% for the College if awarded	Date:	

*For fixed price awards granted an F&A waiver, the full University F&A rate will be assessed on unspent balances remaining after the award completion, prior to the transfer of the unspent balance to the department.