Reset Form

UNIVERSITY OF IOWA
GRANT/CONTRACT PROPOSAL
F&A RATE REDUCTION REQUEST*

EXCEPTION: Corporate funded clinical-trial agreements are **NOT eligible for an F&A Rate Reduction.*

COMPLETE THIS FORM AND SUBMIT TO DSP AT LEAST 2 WEEKS PRIOR TO PROPOSAL SUBMISSION.

THEN ATTACH A COPY OF THIS APPROVED/DENIED REQUEST TO THE PROPOSAL AS IT IS ROUTED.

The principles and guidelines to evaluate Facilities & Adminstrative ("F&A") Rate Reduction Requests are located at: http://dsp.research.uiowa.edu/charging-facilities-and-administrative-fa-costs-grants-and-contracts

PI Name: Date:

Alt. Contact (name, email, phone):

Title of Proposal:

Sponsor: Prime Sponsor (if passthru funding):

F&A Rate Requested: 0.00% (as a decimal) Standard UI F&A Rate: 0.00% (as a decimal) Difference: 0.00%

F&A Base (check one): ☐ Total Direct Costs ("TDC") ☐ Modified Total Direct Costs ("MTDC")

	Initial Period	Total Project Period
Proposed Budget:		
Direct Costs: (Use TDC or MTDC as appropriate)		
Proposed F&A Reduction:	$0.00	$0.00

What is the Sponsor's published policy regarding F&A costs? (provide link to policy if available)

Contact information of Sponsor to verify F&A rate/policy:

Reason for this request: (limited to 1,000 characters)

Print Form for Signatures **OR** Email to Next Approver

Principal Investigator (Signature)	DEO (Signature)	Collegiate Dean (Signature)
Name:	Name:	Name:
Dept:	Dept:	Dept:
Date:	Date:	Date:

DSP USE ONLY ☐ Approved ☐ Denied

☐ See attachment for approval details (e.g., F&A rate to escalate during proposed project)

F&A rate approved for forwarding proposal to Sponsor: % Wendy Beaver, Director, DSP

Date: _____