

**REQUEST FOR VOLUNTARY F & A (Indirect Cost) REDUCTION OR WAIVER
Sponsored Programs Office**

Principle Investigator: _____ Department: _____

Project Title: _____

Sponsor: _____ Proposal Due Date: _____

Applicable F & A Rate:		Research	DOD/Industry	Other	Instruction	Michigan Tech Research Institute (MTRI)
Sr. Design	On Campus	55%	63%	30%	52%	
(Applicable rate 55%- Collected 15%)	Off Campus	26%	33%	26%	26%	On Campus capped 47.5%
						Off Campus 26%
						DOD Uncapped – off campus 59%

Requested Rate Reduction to _____%

Institutional Cost: Indirect Cost Recovery if Sponsor's Normal Rate is Used \$ _____

Indirect Cost Recovery if Requested Rate/Waiver is Used \$ _____

Loss (Cost) to the Institution \$ _____

Reason(s) for Request: *(please justify below)*

The project requires significant institutional cost-sharing that cannot be fully met by other sources.

The assessment of the full indirect cost rate or administrative fee would significantly reduce the competitiveness of the proposal.

The project carries a maximum allowable total cost. Assessment of the full indirect cost rate would reduce the amount of funds available for project implementation to such an extent that the scope of work or deliverable could not be accomplished.

Other

Justification of Reason(s):

PRINCIPAL INVESTIGATOR SIGNATURE: _____ Date: _____ Cost \$ _____ *

ENDORSEMENTS: Chair/Supervisor Signature: _____ Date: _____ Cost \$ _____ *

Center Director Signature: _____ Date: _____ Cost \$ _____ #

Dean Signature: _____ Date: _____ Cost \$ _____ *

APPROVAL: VPR Signature: _____ Date: _____

* Reduction in Incentive Return. Represents the Loss (cost) multiplied by the appropriate incentive return rate.

Reduction in Incentive Return. Please check the return rate appropriate for the Center to calculate this cost.