

Facilities and Administration Voluntary Waiver Form

Instructions: Please complete this form only if you are requesting a rate less than the full allowable amount under the proposal opportunity. Please complete and return this form. Two (2) copies of the **detailed** budget must be attached in order for your request to be considered: one (1) at the full allowable F&A rate, and one (1) at the requested reduced rate. All F&A waiver requests must be received with required supporting documents at least two weeks in advance of the proposal deadline. Requests received less than two weeks in advance of the proposal deadline may be denied without consideration.

Note to principal investigator: UNTHSC applies the currently negotiated Facilities and Administrative cost rate to all federal, state, and privately funded sponsored projects. In the event a sponsor limits or prohibits the full federal F&A recovery, the institution will recover the full amount allowable. The approvals on this form are required in order to apply any rate lower than the full allowed F&A rate. In order to receive a reduced rate, the Principal Investigator, Chair, and Dean must waive their F&A return. As such, approvals from each of those individuals are required on this form. This form is not required if the sponsor has mandated a lower F&A rate in writing and published such requirement to all applicants.

Principal Investigator:					
Academic Department:					
Institute or Center (if Applicable)					
Proposal Title:					
Proposal Due Date:					
Anticipated Project Start / End Dates:					
Sponsor Name:					
F&A Actual if Full Rate is Charged (All Years in the Competitive Segment):	List full rate & base as decimal (e.g. 46% MTDC)	x	List aggregate direct costs against which F&A will be charged	=	List F&A amount if full rate were to be used
<i>For base, please choose one of the following: MTDC = modified total direct costs TDC = total direct costs Other</i>		x		=	
Reduced F&A Requested (All Years in the Competitive Segment):	List requested rate & base as decimal (e.g. 10% MTDC)	x	List aggregate direct costs against which F&A will be charged	=	List F&A amount if requested rate is approved
<i>For base, please choose one of the following: MTDC = modified total direct costs TDC = total direct costs Other</i>		x		=	
Loss to Institution: This is an estimate only; actual reduction will depend on the actual direct costs expended.	(subtract <i>requested amount</i> from <i>full amount</i>)				

<p>Reason / justification for the request:</p> <p>Please indicate in detail the reasons the university should subsidize the costs of this project by reducing the F&A rate that all sponsors are expected to pay. If the sponsor cannot pay or is unwilling to pay the full rate, please explain why. Explain the impact on the project if the full rate is charged.</p> <p>For strategic waivers, explain why it is in the best interest of the university overall (in addition to any benefit to your college or academic unit) to accept this waiver.</p>	
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The undersigned approve the reasons for the reduction, and agree to waive F&A return to their respective unit. The undersigned further understand and agree that if this project is funded on a fixed-price or fixed-rate basis, and residual funds remain at the end of the award, the residual funds will be used first to recover all reduced F&A costs based on the total direct costs awarded.

Principal Investigator: _____ Date _____

Department Head: _____ Date _____

Institute/Center Director: _____ Date _____

Dean: _____ Date _____

Comments:



THE UNIVERSITY of NORTH TEXAS
HEALTH SCIENCE CENTER at FORT WORTH

For Office of Sponsored Programs/VPR use only:

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Revised: 04/2021

Waiver is:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> Revised (see comments)
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Comments:

Fiscal Year of Waiver: _____

Reviewed by
OSP Pre-Award Analyst: _____

Date: _____

Vice President of Research
and Innovation: _____

Date: _____