**Request for Reduction or Waiver of Indirect Costs**

**University of Missouri-Kansas City**

**Note to the Principal Investigator (PI)/Project Director (PD)**: In accordance with [UM System Policy 27025 “Facilities and Administration Costs”](https://www.umsystem.edu/ums/policies/finance/facilities_and_administrative_costs):

* F&A Costs must be charged at a rate not less than the predetermined approved schedule of rates. The Chancellor or a designated representative may waive F&A Cost recovery upon the recommendation of the department chairman and concurrence of the divisional Dean or designated representative when the following occurs:
	+ The sponsor limits F&A recovery provided published literature of sponsor states that F&A Costs are not allowed for any applicant and provided the project will essentially support the mission of the University. Where there are not published guidelines and full recovery is contrary to general operational standards of the sponsoring agency, the Vice Chancellor for Research or a designee is authorized to negotiate a rate acceptable to both parties.
	+ The project is sponsored by a Missouri: state, county, or municipal agency, provided the project is in keeping with the mission of the University and in support of activities funded from state, county, or municipal tax sources. However, if the agency acts as the designated agency for disbursing federal funds, F&A Costs are charged as if the project were funded directly by a federal agency.
* Approval to waive F&A Cost recovery implies that the school and the campus or administrative unit involved has sufficient resources in money, personnel and Facilities to meet the needs of the project and no additional demand will be made on other University resources for this purpose.

Approval signatures on this form must be obtained by the PI/PD prior to finalization of the proposal’s budget by the Office of Research Services. Submit this form with the *PeopleSoft Electronic Approval* pages after the budget has been approved by the Office of Research Services. If additional information becomes available, revisions to Action may be taken.

This fillable form is designed to be completed on your computer. Use the tab key or the mouse to click on each block of information.

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| **I.** **Applicant Information** |
| PI’s/PD’s Name:      | Title:       |
| Department:       | Phone extension:        | E-mail:       |

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| **II.**  **Proposal Information** |
| Project Title:       |
| Sponsor:       | Source of Funds: Choose an item. |  Type of Project: Choose an item. |
| Proposal Due Date:        | Project Start Date:       | Project End Date:       |
| Total Direct Costs (A) : $        |  Requested Indirect Costs (B): $        | Total Costs: (A+B) $       |
| Full Indirect Cost Rate :Choose an item. | Requested Indirect Cost Rate:      % |

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| **III.**  **Justification for Waiver/Reduction Request** |
| Facilities and Administrative Costs (indirect costs) reimbursed by an agency pay for utilities, maintenance of buildings and grounds, administrative costs of the department, etc. This request is for (please check):  [ ]  A Full Waiver of Indirects **or** [ ]  A Rate Reduction to       %.Please check below the reason the Institution should consider approval of this waiver/reduction request and explain how the project will benefit from the waiver/reduction:[ ]  The benefit of the proposed project to the Institution, in terms of institutional capacity building, outweights the loss of indirect cost revenue.[ ]  The project requires significant institutional cost-sharing that cannot be fully met by other sources.[ ]  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 for reduction or waiver/reduction and how the project will benefit from the waiver:        |

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| **IV.** **Signatures**  | **V. Action****For Chancellor or Designated Representative Use Only** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PI/PD’s Signature Date Approved: No Yes [ ]  [ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ Department Chair’s Signature DateApproved: No Yes [ ]  [ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ Dean’s Signature Date |  [ ]  Approved at indirect cost rate of \_\_\_\_\_\_\_\_\_\_\_%. [ ]  Indirect Cost Rate Waived  [ ]  Approved with Conditions\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  DisapprovedProposal Number:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Chancellor or Designated Representative Use Only** Date |