

## Request for Reduced F&A Cost Rate Form

This request should be completed as soon as you know that an F&A cost reduction may be needed for the submission of a sponsored project proposal. Once complete, submit to the Director of Sponsored Programs, Susan McCracken, no less than two weeks prior to the submission deadline.

Do not submit this request:

- if the sponsor is a foreign government agency or a for-profit enterprise (either US or international, reduced F&A rates will not be approved for these sponsors);
- if the project proposal requires hiring staff not currently employed by Appalachian State University; or
- if the sponsor is a US-based non-profit charitable foundation or state agency that explicitly limits indirect costs. In that case, you should forward documentation of the Agency's policy with your proposal to the Office of Research and Sponsored Programs.

### I. Project Information

Principal Investigator/Project Director:
Project Title:
Sponsor/Funding Agency:
Project Category:
Total Project Budget (all years):
Proposed F&A rate and amount:
Brief Description of Project (75 words or less)

### II. Rationale

Please provide information on each applicable point that you would like us to consider in reviewing your request for a reduction in the F&A rate for this specific project.

1. The benefit of the proposed project to the University, in terms of institutional capacity building and mission, is deemed to outweigh the reduction of F&A revenue.	
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2. The project requires significant institutional cost-sharing that cannot be fully met by other sources.	
3. The assessment of the full F&A rate on a project with a maximum allowable total cost would reduce the amount of direct funds available for project implementation to such an extent that the scope of work or deliverable could not be accomplished.	
4. Other information that should be considered.	

**III. Approvals**

I support this request for a reduced F&A rate for the above referenced proposal, have considered the budgetary impact this reduction may have on the department and college annual F&A return, and believe that the rationale provided above justifies the need.

\_\_\_\_\_  
Name Principal Investigator/Project Director                      Signature                      Date

\_\_\_\_\_  
Name Department Chair or Unit Director                      Signature                      Date

\_\_\_\_\_  
Name Dean/Vice-chancellor/Vice-provost                      Signature                      Date

\* Email approvals are acceptable in lieu of signatures. Form may be completed and submitted as an attachment to an email, where departmental and college approvals are conveyed in the email (in lieu of signatures). Requests should be emailed to mcrackensd@appstate.edu).

**IV. Status**                      \_\_\_ Approved                      \_\_\_ Denied

Rationale:

\_\_\_\_\_  
Name Director of Sponsored Programs                      Signature                      Date

\_\_\_\_\_  
Name Dean, Graduate School/Research/Sponsored Programs                      Signature                      Date