UNIVERSITY OF PITTSBURGH

SCHOOL OF XXXXXXXX

Request for F&A Reduction/Waiver

This form must be used to request a reduction in or waiver of the current negotiated F&A rate. Please include sufficient information for your request to be reviewed. Use additional pages as necessary.

Date:

Principal Investigator:

Sponsor name:

Anticipate project time period:

Total budget requested (a copy of the detailed budget must be attached to this request):

Amount of reduction/waiver requested: [insertion dollar amount of reduction] (XX% reduction), [insert F&A %] requested for example: $10,000 (10% reduction), 25%

Reason for the reduction/waiver:

Description of hardship caused if waiver is not granted:

Potential future application of data generated:

Signatures:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Principal Investigator Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Department Chair/Institute Director Date

Approved:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Kathy Sidorovich Date

Financial Research Administrator for the Health Sciences