



Project Information

Principal Investigator	MU Project No.	OSPA Proposal No.	OSPA Tracking No.
Department	Sponsor		
Project Title: _____			
Will another Division be listed on the ePSRS Shared Credit Panel? If yes, please list: _____			

Request for University Contribution

Funds provided by outside sponsors of research, instruction, public service, or other services must include an appropriate amount to offset F&A costs incurred by the University. If the sponsor does not have a published policy limiting F&A, then such a limitation must be approved by way of this internal form. For the full policy, refer to UM System Policy 27025, Facilities and Administrative Costs: https://www.umsystem.edu/ums/policies/finance/facilities_and_administrative_costs
For the current applicable F&A rates, refer to the Grant Fact Sheet: <http://research.missouri.edu/ogwp/files/grantfactsheet.pdf>
For consideration by the Office of Research, provide the following:

1. **Full Rate:** _____
 2. **Requested Rate*:** _____
 3. **Requested total University investment* (forgone F&A recovery):** \$ _____
 4. **Required Attachments:**
 - **Budget**
 - **Scope of Work**
 - **Justification.** Address: (1) the grounds on which the waiver might be justified to other faculty whose projects recover full F&A; (2) the likelihood that an award would be seriously jeopardized without a waiver and the potential effect of the loss on the faculty member's overall research program; (3) the benefit of the waiver to new or junior faculty or in support of research efforts in new directions not otherwise sufficiently developed to attract other support; and/or (4) the effect of this waiver to increase direct costs available for students support.
- *Rate in #2 above will be applied to total direct costs if this RUC is approved. Amount in #3 above is considered an estimate of forgone F&A recovery based upon attached budget - actual forgone recovery may be different depending upon final approved award.*

Approvals

Principal Investigator (Signature)	Print Name	Date
Department Chair/Director (Signature)	Print Name	Date
Dean (Signature)	Print Name	Date

Email approvals are acceptable in lieu of signatures.

Decision

Not Approved _____ Comments: _____

Approved: _____

Office of Research	Date
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