

Principal Investigator/Project Director (PI/PD) Certification: I certify that the information provided above and in the attached documents is accurate to the best of my knowledge.

PI/PD Date

Department/Unit/College Endorsement : The proposed waiver or reduction of F&A is in the best interests of the department/unit/college for the reasons given above, and we endorse this request. **The undersigned acknowledge that only F&A recovered at the Sponsor's fully allowable rate is available for distribution.** F&A recovered at less than the fully allowable rate is retained by the Director of Sponsored Programs Administration

Department Chair/Director Date Dean/Director Date

SPA Director Recommends: Approved _____ Disapproved _____

Reasons for the recommendation: