

**UNIVERSITY OF COLORADO DENVER  
FACILITIES and ADMINISTRATIVE COST VARIANCE REQUEST**

Proposal # \_\_\_\_\_

Project # \_\_\_\_\_

PROPOSED SPONSOR: \_\_\_\_\_ PRINCIPAL INVESTIGATOR(s): \_\_\_\_\_

SCHOOL/DIVISION \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

FISCAL MANAGER/F&A WAIVER FORM CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

PROJECT TITLE \_\_\_\_\_

PROPOSED PERIOD / FROM \_\_\_\_\_ TO \_\_\_\_\_ TOTAL PROJECT PERIOD / FROM \_\_\_\_\_ TO \_\_\_\_\_

On Campus  Off Campus  (Check one) Project Type (i.e. Research, Instruction, Other, etc.) \_\_\_\_\_

UCD Approved Rate: \_\_\_\_\_ Basis (Check one)  TDC  MTDC Requested: Rate: \_\_\_\_\_ Basis (Check one) TDC  MTDC  OTHER \_\_\_\_\_

a. Budget with approved UCD rate	b. Revised Budget with requested rate	c. Budget (If modified by approvers below)
Personnel ( <i>inc. fringe</i> ) \$ _____	\$ _____	\$ _____
Equipment _____	_____	_____
Patient Care ( <i>external</i> ) _____	_____	_____
Tuition Remission _____	_____	_____
Rental Costs _____	_____	_____
Trainee Costs _____	_____	_____
IRB Fees _____	_____	_____
Subcontracts (>1 <sup>st</sup> \$25000) _____	_____	_____
Subs ( <i>up to \$25000</i> ) _____	_____	_____
(____ # of Subs)		
Ctr Lab Animal Care _____	_____	_____
( <i>if proposal date &lt; 11/16/11</i> )		
Supplies and Other Costs _____	_____	_____
<b>TOTAL DIRECT COSTS</b> _____	<b>TOTAL DIRECT COSTS</b> _____	<b>TOTAL DIRECT COSTS</b> \$ _____
F&A Costs _____%	F&A Costs _____%	F&A Costs _____% \$ _____
Base \$ _____	Base \$ _____	Base \$ _____
<b>TOTALS (Should all match)</b> _____	_____	_____

Justification for Requested Variance? (Append explanation and related information as needed.)

What association does the PI(s) have with this sponsor other than this agreement? (Append explanation and related information as needed.)

**Required Signatures:**

**Dept. Chair Use Only**

**Dean's Use Only**

Requestor \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_ Endorse  
\_\_\_\_ Disapprove  
\_\_\_\_ Modify \_\_\_\_\_

\_\_\_\_ Endorse  
\_\_\_\_ Disapprove  
\_\_\_\_ Modify \_\_\_\_\_

OGC Reviewer \_\_\_\_\_ Date \_\_\_\_\_

Department Chair \_\_\_\_\_ Date \_\_\_\_\_

Dean/Designee \_\_\_\_\_ Date \_\_\_\_\_

**COMMITTEE USE ONLY**

Date Received \_\_\_\_\_

Determination: Approve: \_\_\_\_\_ Rate/Basis: \_\_\_\_\_ Period Covered: \_\_\_\_\_

Modify: \_\_\_\_\_ Rate/Basis: \_\_\_\_\_ Period Covered: \_\_\_\_\_

Disapprove: \_\_\_\_\_

Reason for Determination: \_\_\_\_\_