

**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 (inc. fringe) \$ _____	\$ _____	\$ _____
Equipment _____	_____	_____
Patient Care (external) _____	_____	_____
Tuition Remission _____	_____	_____
Rental Costs _____	_____	_____
Trainee Costs _____	_____	_____
IRB Fees _____	_____	_____
Subcontracts (>1 st \$25000) _____	_____	_____
Subs (up to \$25000) _____	_____	_____
(____ # of Subs)		
Ctr Lab Animal Care _____	_____	_____
(if proposal date < 11/16/11)		
Supplies and Other Costs _____	_____	_____
TOTAL DIRECT COSTS _____	TOTAL DIRECT COSTS _____	TOTAL DIRECT COSTS \$ _____
F&A Costs _____%	F&A Costs _____%	F&A Costs _____% \$ _____
Base \$ _____	Base \$ _____	Base \$ _____
TOTALS (Should all match) _____	_____	_____

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: _____