

Contact Name _____
Contact Phone _____
Campus Box _____

UNIVERSITY OF COLORADO DENVER
FACILITIES and ADMINISTRATIVE COST VARIANCE REQUEST
(Formerly referred to as Indirect Cost Variance Request)

Exhibit B

Date Prepared _____

PROPOSED SPONSOR: _____ **DUE DATE** _____

PRINCIPAL INVESTIGATOR(s): _____ **RANK** _____

SCHOOL/DIVISION _____ **DEPARTMENT** _____ **PHONE** _____

1. PROJECT TITLE _____

2a. PROPOSED PERIOD / FROM _____ **TO** _____

b. TOTAL PROJECT PERIOD / FROM _____ **TO** _____

3a. BUDGET WITH APPROVED RATE **3b. BUDGET WITH REQUESTED VARIANCE**

Personnel (Inc. Fringe) \$ _____ \$ _____

Equipment _____

Alteration/Renovation _____

Rental Cost _____

Patient Care Cost _____

Subcontracts _____

Trainee Costs _____

Ctr Lab Animal Care _____

Supplies & Other _____

TOTAL DIRECT COSTS \$ _____ \$ _____

F & A Costs _____% **F & A Costs** _____%

Base \$ _____ **TOTAL** _____ **Base \$** _____ **TOTAL** _____

To be completed if different by:
F & A WAIVER COMMITTEE

3c. RECOMMENDATIONS
\$ _____

F & A Costs _____% _____
Base \$ _____ **TOTAL** _____

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

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

Required Signatures:

Dept. Chair Use Only

Dean's Use Only

___ Endorse
___ Disapprove
___ Modify _____

___ Endorse
___ Disapprove
___ Modify _____

Requestor _____ Date _____

Department Chair _____ Date _____

Dean/Vice Chancellor _____ Date _____

PLEASE DO NOT WRITE BELOW THIS LINE - COMMITTEE USE ONLY

Date Received _____

Determination: Approve: _____ **Rate:** _____ **Period Covered:** _____

Modify: _____ **Rate:** _____ **Period Covered:** _____

Disapprove: _____

Reason for Determination: _____

Waiver Committee _____ Date _____

Vice Chancellor-Research _____ Date _____

(G/C FP4-4 ICR 4/08)