

CALIFORNIA STATE UNIVERSITY, FULLERTON

Facilities and Administrative/Indirect Cost (F&A/IDC) Deviation Waiver Request Form

Date: \_\_\_\_\_ OGC # \_\_\_\_\_
Principal Investigator: \_\_\_\_\_ REQUESTED TOTAL \$ \_\_\_\_\_
Sponsor: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_
Project Title: \_\_\_\_\_

Every sponsor must reimburse the University according to its established, federally-negotiated rates unless an exception is approved. If an exception is granted, the proposed budget must indicate the established rate from which a deviation has been approved, and reasonable attempts should be made to capture the foregone administrative costs in the line-item budget. (Examples: post award clerical support, personnel recruitment costs, ASC check preparation costs)

I. Principal Investigator hereby requests that the University and the Auxiliary Services Corporation (ASC) accept a less-than-established F&A/IDC rate as follows (please check only one below and provide additional notes in "Supplementary comments"):

- NO F&A/IDC be charged to this project (0% or 0\$ F&A/IDC)
Reduced F&A/IDC rate be used
% of Total Direct Costs (TDC)
% of Modified Total Direct Costs (MTDC)
% of Other Base: \_\_\_\_\_
Fixed amount of \$ \_\_\_\_\_ be accepted for F&A/IDC

II. RATIONALE for F&A/IDC Deviation or Waiver
Please check all that apply:

- Sponsor has a published policy that it will not pay more than (\$ or %)
Sponsor is a community 501(c)3 non profit or unincorporated community association on a limited budget
The grant is under \$10,000 ('de minimis')
Sponsor is constrained by the provisions of its written agreement with the prime sponsor (must attach copy of the prime agreement)
Other: (Please explain) \_\_\_\_\_

Supplementary comments:

[Empty box for supplementary comments]

PI's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note to PI: Please submit budget narrative with this form.

For OGC Use Only

Administrative costs included in budget: [ ] Administrative Costs allowed by Sponsor: [ ]

Comments:

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_
Director, Office of Grants and Contracts

Signature verifies checked items in I and II above

APPROVALS:

Comments: \_\_\_\_\_
\_\_\_\_\_

Approved by Dean/Unit Head: \_\_\_\_\_ Date: \_\_\_\_\_
Comments: \_\_\_\_\_

Approved by AVP, Graduate Programs & Research: \_\_\_\_\_ Date: \_\_\_\_\_

CALIFORNIA STATE UNIVERSITY, FULLERTON  
Facilities and Administrative/Indirect Cost (F&A/IDC) Off-Campus Rate Justification Form

**Instructions:**

Prior to completing this form, please consult with your Chair and/or Dean/Unit Head, or OGC to determine which indirect cost rate should be used for your project.

If the project involves work or activities that are conducted at both on-campus and off-campus sites, please indicate the approximate percentage of work performed at each location. Indirect cost rates will be applied by the University consistent with where the majority of the work will be conducted.

(NOTE: Working from home or the use of your home office, DOES NOT qualify for use of the off-campus rate)

**RATIONALE FOR USE OF OFF-CAMPUS RATE:** Please check all that apply:

- Project WILL NOT use ANY University facilities or resources  
 Work will be conducted at the following facilities (including CSUF) for the following work:

Percent of work	Location	Identify the nature of work conducted at this facility
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PI Supplementary comments:**

PI's Name: \_\_\_\_\_ PI's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**APPROVED:**

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved by Dean/Unit Head: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved by Assoc VP, Graduate Programs & Research: \_\_\_\_\_ Date: \_\_\_\_\_