

**CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO**  
**Facilities and Administrative (F&A)/Indirect Cost (IDC) OFF-CAMPUS & WAIVER FORM**

CSUSB requires full recovery F&A (also known as IDC), according to its established, federally-negotiated rates. However, CSUSB recognizes situations that may arise which would necessitate consideration of lower F&A. In addition, CSUSB considers and will honor a Sponsor's published restricted rate. Recovery below CSUSB's federally-negotiated rate or Sponsor's published/restricted rate requires exception and campus approvals. In addition, reasonable attempts should be made to capture the foregone administrative costs in the line-item budget. Such administrative costs may include, for example, administrative staff support costs.

<b>Principal Investigator/Project Director:</b>
<b>Project Title:</b>
<b>Funding Agency/Sponsor:</b>
<b>Prime Funding Agency</b> (as applicable):

**This is a request for (please check one):**

**OFF-CAMPUS IDC** ☐: If checked, **complete #1 only**

**IDC Waiver/Reduced IDC** ☐ If checked, **complete #2 only.**

**1. OFF-CAMPUS RATE JUSTIFICATION**

PI/PD certifies that an off-campus rate (26% of MTDC) is applicable to the proposed project because (*check one*):

- ☐ Project will not use any CSUSB or UEC facilities
- ☐ Substantive portion of project is performed in a leased space & cost of lease is directly charged to the Project.
- ☐ Scope of Work and/or Project activities will be conducted at the following facilities (including CSUSB), and majority (51% or more) of work will be performed in non-CSUSB/UEC owned facilities.

% Effort or Project Activities [Total should be 100%]	Location	Project Tasks/Activities
%	CSUSB or UEC facility(ies)	
%		
%		
%		
%		
%		

**2. REDUCED IDC**

PI/PD requests to apply an F&A/IDC rate that is lower than the federally-negotiated rate or published sponsor cap.

Rate requested: \_\_\_\_\_ % . Please provide justification for reduced IDC:

**PI/PD Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Campus Approvals**

**Dean/Administrator:** \_\_\_\_\_  
Print Name

**Signature:** \_\_\_\_\_

**Associate Provost for Academic Research**

**Signature:** \_\_\_\_\_