CALIFORNIA STATE UNIVERSITY
SAN BERNARDINO
Office of Research and Sponsored Programs

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.

Principal Investigator/Project Director:
Project Title:
Funding Agency/Sponsor:
Prime Funding Agency (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

Please note: Working from home or the use of your home office, DOES NOT qualify for use of the off-campus rate.

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:_____ **Signature:** _____
Print Name

Associate Provost for Academic Research **Signature:** _____