

## Facilities & Administrative (F&A) Indirect Cost Waiver

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### PROCEDURE

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As Principal Investigator (PI) (or Program Director [PD]) you are allowed to request that Lewis-Clark State College (LC State) waive Facilities & Administrative (F&A) Indirect Costs on an award/contract for which you would like to apply.

An approval to waive F&A Indirect Costs on an award/contract will need to be obtained prior to submitting your Proposal Submission Authorization Form (PSA).

When the Office of Grants and Contracts (OGC) receives this completed form from the PI the OGC and the Budget Office will review the request and make a recommendation to the appropriate signatory authority (i.e., Vice President of Finance and Administration and/or President). The signatory authority has the ability to waive F&A Indirect Costs (LC State Policy 1.111).

If you are granted a F&A Indirect Cost Waiver you will need to attach this form to your PSA.

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## INSTRUCTIONS

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**Download** this form to your desktop **and** open the form in **ADOBE PDF** before starting. **This form will NOT work correctly in your web-browser.**



Make sure the 'Show border hover color for fields' in Adobe PDF is 'checked'. You will only need to complete this requirement if you have altered the default settings of Adobe PDF on your computer.

**1 2 3**

***Please complete each question in the order it appears on this form.*** Some of the items on this form are dependent upon the answers to previous questions.



Mandatory fields and Mandatory Requirements on this form are highlighted in '**RED**'.



Use the '**GREY**' buttons to attach all required and / or additional documents to this form. **Each attachment should be easily identifiable by name and should be attached as a separate PDF (i.e., Do not combine all attachments into one PDF).**



Information icons have '**GREEN**' borders and '**BLUE**' circles.



Use the 'Save' icon to save the form as a fillable PDF file. **Please do not 'Print to PDF' or scan a hard copy of this form.**



Use a **Digital Id Signature** when signing this Form.



Click the '**YELLOW**' button to pause routing of this document, and identify any modifications that may be needed.



Click the '**GREEN**' button to send this document to the next reviewer.

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## PROPOSAL DATA

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### BASIC INFORMATION

1. Project Title:
2. Area/Unit (Answer question 2 before question 3):
3. Division:
4. Funding Type:
5. Funding Source:
6. Project Classification:
7. Project Function (Select the most relevant function):
8. Will greater than 50% of the work associated with the proposal occur 'Off-Campus' (i.e., not on the LC State main campus or a satellite campus)?  
NO  
YES: Identify the location(s) where a majority of the proposal work will occur.  
Locations:

### PERFORMANCE PERIOD

9. Is the project a multi-year award (i.e., More than twelve (12) months in duration.)?  
NO  
YES: Approximately how many years will this award be active?  
2      3      4      5
10. Proposed Start Date:
11. Proposed End Date:

### SUBMISSION REQUIREMENTS

12. Proposal Due Date:

### PRINCIPAL INVESTIGATOR

13. PI / PD Contact Information.  
Name:  
Office e-Mail:  
Office Phone:

**PRIMARY SPONSOR**

14. Primary Sponsoring Organization Contact Information.

Name:

Website:

**SUB-SPONSOR (If Applicable)**

15. Sub-Sponsoring Organization Contact Information.

Name:

Website:

**BUDGET**

16. Please identify the type of F&A wavier you are seeking:

No F&A costs collected

A reduction in the amount of F&A costs collected

Please identify the allowable F&A costs:

Please identify the value you want the F&A costs reduced to:

17. Please estimate the potential unrecovered Indirect Costs.

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**Amount of F&A to be collected without a waiver:**

**Amount of F&A to be collected with a waiver:**

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**Total amount of unrecovered F&A costs with waiver:**

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## REQUEST

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### JUSTIFICATION FOR THE REQUEST

18. Please explain how the College will benefit by waiving F&A Indirect Costs on this proposed project?

NOTE: Discretionary reductions or waivers of F&A Indirect Costs must be reported to the Idaho State Board of Education in August of each year.

### ATTACHMENTS

19. Please attach all relevant award documentation.

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**DIGITAL SIGNATURES**

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**PRINCIPAL INVESTIGATOR / PROGRAM DIRECTOR**



The preparer of this document is responsible for identifying all needed e-mail address and attaching all finalized materials that will be submitted to the sponsoring agency.

20. Is someone other than the PI / PD preparing this form (e.g., administrative assistant, etc.)?

NO

YES

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Signatory	LC State e-mail	Digital ID Signature	Action	
			Modify	Submit
Administrative Assistant, etc.				
PI / PD				

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**IMMEDIATE SUPERVISOR OF THE PRINCIPAL INVESTIGATOR / PROGRAM DIRECTOR**

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Signatory	e-mail	Digital Signature	Action	
			Modify	Submit
Supervisor of PI / PD				

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**REVIEW**

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**GRANTS AND CONTRACTS RECOMMENDATION**

**ABSTAIN**

**APPROVE**

**I CANNOT RECOMMEND AT THIS TIME**, but supports any decision made by executive leadership due to extenuating circumstances. Please provide an explanation for your recommendation, sign your 'Digital ID Signature', and click the 'green' button below.

Explanation:

Signature

## BUDGET OFFICE RECOMMENDATION

**ABSTAIN**

**APPROVE**

**I CANNOT RECOMMEND AT THIS TIME**, but supports any decision made by executive leadership due to extenuating circumstances. Please provide an explanation for your recommendation, sign your 'Digital ID Signature', and click the 'green' button below.

Explanation:

Signature



**SIGNATORY AUTHORITY DECISION**

**APPROVED**

**DENIED**

Explanation (if applicable):

Signature

**GRANTS AND CONTRACTS OFFICE USE ONLY**

***Review – Distribution***

LC State OGC Tracking Number

Date review is initiated:

Sent by:

File Name:

***Review – Receipt***

Date review is completed:

Received by:

Date approver is notified that the OGC has received the reviewed form:

File Name:

***Review – Notification of Review to the PI/PD***

Date Review out-come is sent to PI/PD

Sent by:

***Notes***