Florida A&M University  
Division of Research  
Office of Sponsored Programs  

Request to Direct Charge Costs Normally Treated as Indirect Costs  

FAMU/PeopleSoft Project ID: ___________________________  
Principal Investigator: ___________________________  
Sponsoring Agency: ___________________________  
Date: ___________________________  

NOTE: (Approval is REQUIRED to direct charge administrative and clerical salaries and other administrative-type expenses. In addition to meeting the definition of exceptional circumstances, costs must be specifically identifiable to a particular sponsored project, be reasonable, allowable and allocable.) (§ 200.412 Classification of costs must be treated consistently in like circumstances.)  

SECTION I. EXCEPTIONAL CIRCUMSTANCES  

DEFINITION: The nature of the sponsored project requires an extensive amount of administrative and/or clerical support or goods/services significantly greater than the routine level provided by the academic department. (Check box(es) below, as appropriate.).  

☐ Large, complex program, such as Clinical Research Center, program project, environmental research & engineering research center & project that entail assembling & managing teams of investigators from a number of institutions.

☐ Project involves extensive data accumulation, analysis & data entry, surveying, tabulation, cataloging, searching literature, & reporting, such as epidemiological studies & clinical records.

☐ Project requires making travel & meeting arrangements for large numbers of participants, such as conferences and seminars.

☐ Project's focus is the preparation & production of manuals & large reports, books & monographs (excluding routine progress & technical reports).

☐ Project is geographically inaccessible to normal departmental administrative services.

SECTION II. TYPES OF COSTS  

(Check box(es), as applicable and complete information in Section III and/or IV).

☐ Administrative/Clerical Salaries

☐ Other Expenses

☐ Postage  

☐ Local Telephone Service (Long distance charges pertaining to research project do not require a CAS exemption.)

☐ Office Supplies
☐ Data Processing/Computer Supplies (Research/Lab Supplies required to advance the research project do not require a CAS exemption.)

☐ General Purpose Software (Technical Computer Software required to perform the research project does not require a CAS exemption)

☐ Memberships

☐ Subscriptions

SECTION III. DESCRIPTION/EXPLANATION OF ADMINISTRATIVE & CLERICAL SALARIES

A. Provide name of employee, job title, job code, percent of effort, salary and a description of their responsibilities.

B. Describe the exceptional circumstances of the project.

C. Explain why such services being provided to the project by the administrative/clerical staff are significantly greater than the routine level of such services provided by the academic unit.

D. Explain why the costs were not included in the proposal budget.

SECTION IV. DESCRIPTION/EXPLANATION OF OTHER EXPENSES

A. Describe each item being requested, the quantity and cost.
B. Explain why such items are significantly greater than the routine level of such items provided by the academic unit.


C. Explain why the costs were not included in the proposal budget.


SECTION V. REQUIRED ENDORSEMENTS
By signing below, the Principal Investigator, Department Chair/Center Director, and Dean agree to ensure that full compliance to the University's CAS policy is achieved and maintained. Payback of CAS violations and/or disallowed exemptions will be the responsibility of the College, Department, Center and Principal Investigator.

________________________________________  ____________________________
Principal Investigator's Signature           Date

________________________________________  ____________________________
Department Chair/Center Director's Signature Date

________________________________________  ____________________________
College Dean's Signature                   Date

Prepared By: ________________________________

Phone/Email: ________________________________

☐ APPROVED  ☐ DISAPPROVED

________________________________________  ____________________________
Signature /Date

Division of Research

Vice President

☐ APPROVED  ☐ DISAPPROVED

________________________________________  ____________________________
Signature /Date
Name of Project: 

Type and Agency Source: 

IDC Rate: 

Project #: 

Project Summary: (Provide a detailed description of project)

Identify Exceptional Circumstances: (Provide a detail justification below exceptional circumstances identified to support the request below)

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Budget Items Requested: (Provide a detailed description of CAS budget items requested for CAS)