

SMITHSONIAN ASTROPHYSICAL OBSERVATORY
Administrative Services/Project Oversight (AS/PO) Fee Waiver Request Form
Revised 1/18/07

All Waiver Requests will be reviewed by the Director's Office. Please submit a short justification for the waiver, including a description of the impact to SAO if the waiver is not approved, and send to Amanda Preston, apreston@cfa.harvard.edu, 5-7321.

SAO Proposal/Award Information

PI: _____ Div: _____

Sponsor: _____

Project Title: _____

Total Budget: \$ _____ Start Date: _____ End Date: _____

SAO Proposal Number: _____ Designated Code: _____
(to be assigned pre-submission) *(to be assigned post-award)*

Smithsonian Institution Development and Membership Information System (DMIS)

DMIS AS/PO Attribute (check one): Full: None: Other: _____
(please specify)

If no entry is available in DMIS, please contact Amanda Preston, apreston@cfa.harvard.edu, 5-7321

AS/PO Requested (express as % or \$ limit): _____

Waiver Amount (attach proposal budget with waiver calculation)

A. AS/PO Fee if budgeted at full government indirect cost rates: \$ _____

B. AS/PO Fee to be received: \$ _____

C. AS/PO Fee waived (=A-B): \$ _____

Approval Signatures

Principal Investigator/Project Director

Date

Advancement & External Affairs Officer

Date

SAO Director

Date

Return to FMD for remaining signatures:

FMD Director

Date

If the total value of the waiver is expected to exceed \$20,000 over the life of the project:

SI Chief Financial Officer

Date