## SMITHSONIAN ASTROPHYSICAL OBSERVATORY

## Overhead Recovery Waiver Request Form

All waiver requests will be reviewed by the Director's Office. A short justification is required for the waiver including a description of the impact to SAO if the waiver is not approved. Also attach budgets that show 1) full indirect costs and 2) costs with waiver calculation. Please email to Randall Smith, rsmith@cfa.harvard.edu.

PI:	Proposal Coordinator:				
Spanaar:		·			
Sponsor:			Division:		
Project Title:					
Total Budget:		Start Date:		End Date:	
SAO Proposal Number:		De	signated Code:		
Smithsonian Institution	Development & Me	mbership Info	rmation System (	DMIS) (for Director's	Office Use)
DMIS AS/PO Attribute If no entry is available AS/PO Requested (explain the explain the exp	in DMIS, please con	ith indirect cost  I at full cost rates (A)  ved (B)		or	du.
Waiver Amount (attach	n proposal budget w	ith indirect cos	ets and with waive	er calculation)	
Waiver Amount (attack		ith indirect cos	ets and with waive	er calculation)	

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