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