Yale

Form 1403 FR.02

Justification to Direct Charge F&A Type Costs to a Federal Award

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THIS FORM MUST BE COMPLETED IN ORDER TO DOCUMENT THE NEED AND APPROPRIATENESS OF TYPICAL F&A TYPE COSTS CHARGED TO FEDERAL AND FEDERAL PASS-THROUGH AWARDS

NOTE: For all ITS charges, this form **must** be completed and receive OSP's prior approval.

The direct charging of F&A type costs **_may_** be appropriate to be charged to a federal award. For additional information or questions, refer to Policy 1403 *Charging of Administrative and Clerical Salaries and Certain Other General Administrative Expenses to Federal Funds*, the Direct Charging of F&A Type Costs to Sponsored Awards training module, and/or contact your OSP Award Manager.

If sponsor **_prior approval_** of an F&A type cost as a direct charge **_is_** required, **_do not_** complete this form (except for ITS Infrastructure Bundle and ITS FTE billing charges – this form is required in all instances of ITS Infrastructure Bundle and ITS FTE billing charges) and contact your OSP Award Manager. It is the responsibility of the OSP Award Manager to review and approve any sponsor prior approval requests.

Instructions: Select the appropriate justification(s) below. If you select "Other" you must provide a detailed justification for charging the cost to a federal award. The form must be signed by the DBO and PI and retained by the department.

Principal Investigator: _____ **Sponsor:** _____

IRES PT Record Number: _____

Is this form being completed for an EXISTING award? Yes ☐ No ☐

- If Yes, provide the award #:_____

Type of Cost (check all that apply):

☐ **Administrative & Clerical Salaries (agency prior approval required, EXCEPT FOR NIH AND ANY OTHER FEDERAL AGENCY THAT HAS WAIVED THE PRIOR APPROVAL REQUIREMENT. CAREFULLY REVIEW SPONSOR REQUIREMENTS. FOR ALL OTHER NON-FEDERAL SPONSORS, CHECK THE TERMS AND/OR CONDITIONS OF THE AWARD AND CONTACT OSP FOR ASSISTANCE.)**
Administrative/clerical support is needed in order to perform duties integral to this project, such as:

- ☐ Scheduling a large population of human subjects' visits and activities
- ☐ Making reservations for visitors supported by the award due to the unusual nature of research activities and meeting requirements of the award
- ☐ Providing administrative support for a conference award
- ☐ Providing extensive administrative support for a training award
- ☐ Providing extensive administrative support for an administrative core
- ☐ Other **(Describe the activities the individual will perform, why they are necessary for the project, and how the activity is not similar to what other administrative and clerical staff perform.)**

☐ **Office Supplies:**
- ☐ Items that can be identified closely with a specific project, e.g., notebooks for the sole purpose of use in the laboratory and documenting research results, supplies for posters/presentations, etc.
- ☐ Supplies (paper, toner, etc.) needed to generate large volume of surveys/questionnaires directly related to the project.
- ☐ Other (**Identify the items and explain why they are necessary to conduct the research.)**

☐ **Postage (includes, USP, USPS, FedEx, or any other type of delivery service):**
- ☐ Costs associated with the mailing of surveys and questionnaires directly related to the project.
- ☐ Express service for time-sensitive samples.
- ☐ Other **(Describe any other situations that would warrant a delivery service, what is being delivered and why it is necessary to conduct the research**.)

☐ **Dues, Memberships & Licenses:**
Fully describe the unusual nature of the research or conduct of the research that would make this potential expense necessary to carry out the scope of work and charged directly to the award.

☐ **Office Furniture, Equip. Purchase, Rental & Maintenance:**
- ☐ Office furnishings used specifically for work directly related to the project.
- ☐ General purpose equipment necessary for work directly related to the project.

Explain for either of the selections above, why these items are necessary for the proposed project and how the project directly benefits from purchasing these items.

☐ **Books/Periodicals/Subscriptions:**
- ☐ Item does not exist in the Library and is a necessary resource for the lab in order to conduct this project during the course of this award
- ☐ Due to the length of time this item is needed and the inability to write on the document, it would not be practicable to get access this item from the Library.
- ☐ Other **(Please provide an explanation of the item and its need.)**

☐ **Printing & Photocopying:**
  ☐ Reprint of manuscripts supported by the award
  ☐ Scientific illustrative work
  ☐ Research subject recruitment and/or surveys
  ☐ Scientific posters/presentations
  ☐ Other **(Please provide an explanation of the activity and its need.)**

☐ **Communications (network charges, cell phones, telephone costs).** This type of cost requires the *__prior approval__* of the appropriate OSP Award Manager. In addition, Telecom Infrastructure Bundle and ITS FTE Billing charges may be appropriate in limited situations. Refer to Policy 1403 *Charging of Administrative and Clerical Salaries and Certain Other General Administrative Expenses to Federal Funds*.

Approval Signature of OSP Award Manager:		Date:	

  ☐ ITS Infrastructure Bundle, ITS FTE Billing, ITS FTE Bundle required for dedicated server connection or hotline in order to accomplish specific aims of the project.
    Identify the specific aim requiring this need:

  ☐ Cell phones necessary to accomplish the aims of the project
    ☐ Contact with study subjects
    ☐ Communication with researchers while in the field
    ☐ Staff safety while in the field
    ☐ Other **(Please provide a description of the item and an explanation of the activity and its need.)**

Signatures are required when the request is to charge an F&A type cost that was _NOT_ included in the original proposal and, identified as necessary after the award was made to Yale.

RETAIN THIS SIGNED DOCUMENT IN THE DEPARTMENT FILES FOR AUDIT PURPOSES.

Lead Administrator Signature: _____ **Date:** _____

Print Lead Administrator Name: _____

I certify that this request and the above items selected are integral/necessary for the conduct of the scope of work for the above identified award. In addition, to the best of my knowledge no similar/same items exist or are available for my use.

PI Signature: _____ **Date:** _____

Print PI Name: _____