



OFFICE OF RESEARCH & ECONOMIC DEVELOPMENT
REQUEST FOR APPROVAL OF COST SHARING* OR INDIRECT COST WAIVER

Today's Date _____ Proposal Deadline _____ LSU Proposal Number _____

*Cost sharing should only be included when required by sponsor guidelines. If cost sharing is not required by sponsor guidelines, it is considered voluntary cost sharing and requires prior approval by the Vice Chancellor for Research and Economic Development using this form (FASOP AS-06).

PROJECT INFORMATION

Project Title: _____

Principal Investigator (PI): _____ E-mail _____ Ph _____

PI Department: _____ College: _____

Sponsoring Agency: _____

If Subcontract to LSU, indicate Prime Sponsor: _____

Proposal Type: ☐ New ☐ Revision ☐ Continuation ☐ Supplemental ☐ Renewal ☐ Preproposal/NOI Project Duration: _____

Project Type: ☐ Research ☐ Instruction ☐ Public Service ☐ Scholarship/Fellowship Project Start Date: _____

BUDGET INFORMATION

SPONSOR FUNDS (Attach budget):

\$ _____ TOTAL DIRECT COSTS BUDGETED

\$ _____ TOTAL INDIRECT COSTS BUDGETED

LSU FUNDS:

\$ _____ TOTAL COST SHARE (Direct Costs)

\$ _____ RELATED INDIRECT (On Direct Costs above)

INDIRECT WAIVER REQUEST

If indirect cost recovery is allowed, but a waiver is desired, please provide amount to be waived below and attach justification. Sponsor mandated or statutory restrictions on indirect cost recovery do not require ORED approval and can be routed directly to OSP.

YES/NO

☐ ☐ Indirect Cost Waiver Requested \$ _____ Total Indirect Amount to be Waived

COST SHARE REQUEST

Please answer questions below, provide source and amount of proposed cost sharing and attach justification. University-contributed cost-sharing and matching funds are normally budgeted in the following cost categories: salaries, wages, and related fringe benefits and facilities and administrative costs. Cost sharing can also be in the form of unrecovered indirect costs (via reduced or waived indirect costs on requested funds). Other types of cost sharing contributions may be used when they can be identified unambiguously in the University's chart of accounts.

YES/NO

SOURCE UNIT(S)/ACCOUNT NO.

AMOUNT

☐ ☐ Request ORED approval of voluntary cost share

☐ ☐ Request for ORED to provide cost share funds

☐ ☐ Request return of indirect costs for cost share
(from College/Dept. portion)

☐ ☐ Is proposed cost share permitted by Sponsor?
(NSF does not allow voluntary cost sharing.)

☐ ☐ Does RFP/Announcement include mandatory
cost share requirements? (If yes, VC approval is not needed
unless proposed cost share exceeds requirements, or ORED funds are
requested as a source for cost share.)

REQUIRED ATTACHMENTS (as applicable)

YES/NO

☐ ☐ Copy of Project Budget

☐ ☐ Voluntary Cost Share Justification

☐ ☐ Indirect Cost Waiver Justification

YES/NO

☐ ☐ Justification for ORED to provide cost share funds

☐ ☐ Justification for return of indirect costs for cost share
(from College/Dept. portion)

APPROVALS (Obtain signatures or attach documentation)

NAME

SIGNATURE

DATE

DEPARTMENT HEAD

DEAN OF COLLEGE/SCHOOL

VP FOR RESEARCH & ECONOMIC DEV.