

CALIFORNIA STATE UNIVERSITY, FULLERTON
Off-Campus Rate Justification Request Form

OGC # _____ Principal Investigator: _____

Sponsor: _____

Project Title: _____

Off Campus Rate: 26%

Requested Total \$ _____

Start Date: _____

End Date: _____

Instructions: Prior to completing this form, please consult with your Chair and/or Dean/Unit Head, or OGC to determine which indirect cost rate is appropriate for your project. If the project involves work or activities that are conducted at both on-campus and off-campus sites, please indicate the approximate percentage of work performed at each location. Indirect cost rates will be applied by the University consistent with where the majority of the work will be conducted.

OFF-CAMPUS DEFINITION (per rate agreement): "For all activities performed in facilities not owned by the institution and to which rent is directly allocated to the project (s) the off-campus rate will apply. Grants or contracts will not be subject to more than one F&A cost rate. If more than 50% of a project is performed off-campus, the off-campus rate will apply to the entire project."

(Please note: Working from home or the use of your home office, DOES NOT qualify for use of the off-campus rate.)

Work will be conducted at the following facilities (including CSUF) for the following project activities/tasks listed below. (Note: Total should add up to 100%)

Percent of work	Location	Identify the nature of work conducted at this facility

PI's Signature: _____

Date: _____

PI's Printed Name: _____

Rationale for Off-Campus Rate:

APPROVALS:

Dean/Unit Head: _____

Date: _____

Printed Name: _____

Comments:

AVP ORSP: _____

Date: _____

Printed Name: _____

Comments: