

Sponsored Projects Accounting
Administrative Cost Exception Form

Date Dept/Fund #
Dept Name (list all allocations needed)
P.I. Grant or contract Number
Sponsor Name (ex.R01NS012345-01)
Project Title
Department contact (Name/Phone #):

Federal or Federally Primed

Non-Federal

SECTION I - PROJECT DESCRIPTION (use additional space provided on page three if needed)

For approval, please provide a brief summary of the project and include the unique components that qualify this project as a candidate for unlike and unusual treatment of normally indirect administrative costs or other unusual costs not normally allowable.

SECTION II - ADMIN/CLERICAL SALARIES

Check if requesting

Check if Budget Justification is attached

For approval, please provide the job information requested below and attach the budget justification section that explicitly listed the individual/position. If the position was not included in the budget justification, Federal or Federally primed projects must get prior approval from sponsor. Non-Federal and NIH funds do not require prior approval but must include a detailed justification.

Name ProjectTitle/Role
HRMS Job Code Est. % Effort or Range

For federal projects, Uniform Guidance states that administrative and clerical salaries may be appropriate as a direct charge when all of the following conditions are met:

- Administrative or clerical services are integral\* to a project or activity;
Individuals involved can be specifically identified with the project or activity;
Such costs are explicitly included in the budget or have the prior written approval of the Federal awarding agency; and
The costs are not also recovered as indirect costs.

By checking this box, the requestor is certifying that the requested position is integral to the project or activity. (Required for Federal or Federally Primed Admin/Clerical Salaries requests)

**SECTION III - NON-PERSONNEL COSTS**

Check if requesting

Check if Budget Justification is attached

For approval, check each budget object code requested. Use the box below to provide a detailed justification of each item including why the item is necessary for the completion of a specific aim of the project.

3403 Research Office Supplies

3532 Data Lines

3455 Laser Printer Supplies

3557 Memberships/subscriptions

3512 Postage

(            ) Other

3530 Local Telephone

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**SECTION IV - PRINCIPAL INVESTIGATOR'S SIGNATURE**

For approval, please have the Principal Investigator sign the completed ACE form. **Please note the form will not be reviewed by SPA until the form has a signature.**

Principal Investigator \_\_\_\_\_

Date \_\_\_\_\_

(Signature Required)

**Send completed forms to : [SponsoredProjectsForms@wustl.edu](mailto:SponsoredProjectsForms@wustl.edu) for processing. See FAQ on SPA website for questions.**

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**SECTION V - SPONSORED PROJECTS ACCOUNTING (SPA USE ONLY)**

Sponsored Project Accounting Final Approval/AIS Updated \_\_\_\_\_

Date \_\_\_\_\_

SPA Notes

**SECTION VI - ADDITIONAL DESCRIPTION SPACE IF NEEDED**