



Department of Finance and Administration Waiver for Statewide Cost Allocation Plan Payment

**All information on this form should be typed, saved as a PDF and remitted to OFA_SWCAP@dfa.ms.gov.*

STATE BUDGET YEAR: _____

Agencies may certify to Department of Finance and Administration (DFA) that payment cannot be made for their State Wide Cost Allocation Plan (SWCAP) invoice for one of the following reasons:

- Our agency has a federal grant fund, but does not receive indirect costs.
- OR**
- Our federal grant funding allows indirect costs, but prohibits the inclusion of the Statewide Cost Allocation Plan Agreement.
- OR**
- Our agency failed to include the fixed cost amount from the Statewide Cost Allocation Plan Agreement in our Indirect Cost Proposal (IDP). We agree to incorporate this amount in our Indirect Cost Proposal for the forthcoming fiscal year. We acknowledge that Department of Finance and Administration has the authority and may recover these funds even if we should fail to include the provided fixed costs in our future Indirect Cost Proposal.

Agency Information

Agency Name: _____

Business Area: _____

Agency SWCAP Contact Information

Contact Name: _____

Contact Title: _____

Phone Number: _____

E-mail Address: _____

Required Signatures

Agency Executive Director (Print Name and Title)

Agency Executive Director (Signature) Date of Signature

Agency Accounting Director (Print Name and Title)

Agency Accounting Director (Signature) Date of Signature