

## **Appendix I**

### **ORSP/SFSU Cost Sharing Policy and Procedure**

#### **Sample Forms:**

- **Notice of Cost Sharing/Matching Contribution**
- **Time & Effort Reporting Sheet**
- **In-Kind Contribution Reporting Sheet**

**San Francisco State University  
Office of Research & Sponsored Programs**

**NOTICE OF COST SHARING/MATCHING CONTRIBUTION**

Date: \_\_\_\_\_

External  
Funding Source: \_\_\_\_\_

A  voluntary  mandatory cost sharing/matching, contribution from University funds is required for the following grant proposal:

Proposal/Project Title: \_\_\_\_\_

Proposal/Grant/Project Account #: \_\_\_\_\_

Duration Period: From \_\_\_\_\_ To \_\_\_\_\_

Total Cost sharing/matching, cost contribution  
(See attached ORSP budget for detailed  
allocation of match/contribution) \_\_\_\_\_

Source of Cost sharing/matching (Acct No., if applicable) \_\_\_\_\_

Principal Investigator(s): \_\_\_\_\_

University policy requires a signed acknowledgement from the principal investigator to formalize recognition of the following responsibilities:

- Maintenance of records to support the cost sharing/matching funds contribution, including, but not limited to, copies of travel vouchers, paid invoices, and receipts for supplies issued. An explanation of the individual's appointment and assigned workload should suffice to support the time reported as having been contributed to the award.
- Forwarding such records to the Office of Research and Sponsored Programs, available for audit.
- Preparation of a cost sharing/matching funds contribution report as requested by the funding agency.

## **Guidelines for use of Notice of Cost Sharing/ Matching Contribution**

This form is to be used when a cost sharing/matching is required as a condition for a grant or an award. This notification form will formalize recognition of the cost sharing/matching requirements.

**Process:**

- ORSP will fill out the form completely and will then forward to the Principal Investigator (P.I.) for signature.
- P.I. will obtain approval signatures from the Department/School or other Institutions who are committed to match or to cost-share the grant or award.
- P.I. will forward completed form to ORSP.
- P.I. will assist, if needed, in the preparation of a cost sharing/matching funds contribution reports as requested by the funding agency.
- Original copy will be included as a part of grant/award's budget.
- Copies to: Trust Accounting, Principal Investigator, Cost matching/sharing Department/School or Institution.

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### **ACTION TO BE TAKEN**

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**Please sign and return this Notice of Cost Sharing/  
Matching Contribution to:**

**Assistant Vice President  
Office of Research and Sponsored Programs  
HSS 204**

**Principal Investigator's Name** \_\_\_\_\_

**Principal Investigator's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_ **Phone Ext** \_\_\_\_\_

<b>Cost Sharing Categories</b>	<b>\$ Amount</b>	<b>Source (Acct #)</b>	<b>Department/ School</b>	<b>Approval Signature</b>
TOTAL				

**ORSP-PREPRO-F1**

**SAN FRANCISCO STATE UNIVERSITY  
OFFICE OF RESEARCH AND SPONSORED PROGRAMS**

**TIME AND EFFORT REPORTING SHEET**

Name: \_\_\_\_\_  
 Position/Title: \_\_\_\_\_  
 SSN No: \_\_\_\_\_  
 Dept./College: \_\_\_\_\_

Project Acct. No: \_\_\_\_\_  
 Project Title: \_\_\_\_\_  
 Project Director: \_\_\_\_\_  
 Cost Sharing Acct. No. \_\_\_\_\_

**Period Covered:** \_\_\_\_\_

	% Time	Salary Rate	Benefits	Total Cost Contribution
<b><u>Non-Academic</u></b>				
Staff: Salaried	_____	_____	_____	_____
Hourly	_____	_____	_____	_____
<b><u>Academic</u></b>				
Lecturers/Profs.:				
A. Y.				
Fall	_____	_____	_____	_____
Spring	_____	_____	_____	_____
Summer	_____	_____	_____	_____
C.Y.	_____	_____	_____	_____
(Pls. Attach documentation of appointment, if any)				

Brief Description of Activities and/or Duties:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Verification/Certification:

I certify that to the best of my knowledge, the above effort stated reasonably reflects the contributed time effort of the above employee for the above project.

EMPLOYEE:  
 Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

PROJECT DIRECTOR:  
 Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

DEPT. CHAIR OR COLLEGE DEAN  
 Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

OFFICE OF RESEARCH AND SPONSORED PROGRAMS  
 Received/Processed by: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

/rob  
 cc: Dept./College  
 ORSP FILE

**SAN FRANCISCO STATE UNIVERSITY  
OFFICE OF RESEARCH AND SPONSORED PROGRAM**

IN-KIND CONTRIBUTION REPORTING SHEET

Project Acct. No: \_\_\_\_\_

Project Title: \_\_\_\_\_

Project Director: \_\_\_\_\_

Dept./College/Other Institutions: \_\_\_\_\_

Cost Sharing Acct. No.: \_\_\_\_\_

Period Covered: \_\_\_\_\_

<b>Categories:</b>	<b>Actual (\$) Value</b>
1. Student Assistants	\$ _____
2. Supplies & Services	\$ _____
3. Travel	\$ _____
4. Contractual Services/Independent Contractors	\$ _____
5. Other (Briefly describe): _____ _____ _____	\$ _____
6. Subtotal, Direct Costs (Sum items 1-5)	\$ _____
7. Unrecovered Indirect Cost (Other Institution only)	\$ _____
8. Total	\$ _____

\_\_\_\_\_  
Project Investigator/Coordinator Signature Date

\_\_\_\_\_  
Authorized Signature, San Francisco State University Date

Note: Attach documents to support the cost matching/sharing funds contribution, including, but not limited to copies of travel vouchers, paid invoices, receipts for supplies issued and billing statements for any other services rendered.

## **Appendix II**

### **ORSP/SFSU Guidelines and Forms**

- **OMB Circular A-133 Audit Compliance Letter**
- **Time and Effort Certification Form**
- **Work Order Number form**

Date:

To: ( Addressee)

Subject: **OMB Circular A-133 Audit Compliance**

Your organization was awarded federal funds as a subrecipient of San Francisco State University (SFSU) during the University's fiscal year ending \_\_\_\_\_. The U.S. Office of Management and Budget (OMB) Circular A-133 " Audit of Institutions of Higher Education and Other Nonprofit Organizations, " requires San Francisco State University to ensure that a subrecipient of federal awards of **\$300,000** or more comply with audit requirements of OMB Circular A-133. Our records indicate SFSU passed-through federal funds to your organization that we received from \_\_\_\_\_ , for the program entitled \_\_\_\_\_.

Please complete the following and return your response to me by: \_\_\_\_\_.

- We have completed our A-133 audit for the most recent period \_\_\_\_\_ to \_\_\_\_\_. The audit disclosed no material instances of noncompliance with federal laws or regulations or reportable conditions specifically related to the award (s) from San Francisco State University. NO EXCEPTIONS WERE NOTED.
- We have completed our A-133 audit for the most recent period \_\_\_\_\_ to \_\_\_\_\_. The audit report noted material noncompliance issues and/or reportable conditions. Enclosed is a copy of the audit report package and the corrective action plan.
- We have not yet completed our A-133 audit for the period \_\_\_\_\_ to \_\_\_\_\_. We expect the audit to be completed on \_\_\_\_\_. Within thirty (30) days of completion, we will send you either written notification or a copy of the audit report package.
- We are not subject to the audit requirements of A-133 because we:
  - Received less than \$300,000 in direct & indirect federal funds per year.
  - Are a Foreign (Non-US) Entity.
  - Are for a Profit Organization
  - Other (Explain) \_\_\_\_\_

I certify that the above checked boxes accurately represent the organization of which I am a representative. Further, I certify that all relevant material findings contained in the audit report, if completed, have been disclosed.

Signature : \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title: \_\_\_\_\_

We appreciate your assistance in complying with this Federal mandate and your prompt response to this request .

Sincerely,

ORSP or Fiscal Affairs, SFSU

**SAN FRANCISCO STATE UNIVERSITY**  
**Office of Research and Sponsored Programs**  
**TIME & EFFORT CERTIFICATION**  
**REIMBURSED RELEASE TIME CALENDAR YEAR**

Faculty Information	Project Information
Faculty Name: Social Security No: College: Dept.:	Project Director: Project #: Project Title: Agreement #:

**RRT Calculation is at:**     **Replacement Rate**    **OR**     **Current Salary**

Time Period	Base Salary	X	% Time	X	Number of Months	=	Total RRT Salary Cost	+	Benefit Cost @ .179	=	Total Salary + Benefits
		x		x		=		+		=	

**CONFIRMATION**  
**Please check one:**

- The work has been performed and the time base indicated above reasonably reflects the percentage of effort involved.
- There has been significant changes in work and activity and the salaries and wages charged to this sponsored project should be modified as indicated below.
1. The time base is incorrect and should be \_\_\_\_\_%
  2. The time period is incorrect and should be: \_\_\_\_\_ to \_\_\_\_\_
  3. The project information is incorrect.
- The Project Numbers should be: \_\_\_\_\_
- The Project Title should be: \_\_\_\_\_
- The Funding Agency is: \_\_\_\_\_

**SIGNATURES**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PI Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Chair/Dean Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

\*If the employee is also the PI, then this form must be signed by the Department Chair. If the PI is the Department Chair, then this form must be signed by the College Dean.



## Appendix III

### Relevant SFSU Web Sites

- **SFSU Policies & Procedures Guide (campus policies and procedures listed by administrative and academic areas and alphabetically by subject)**  
[www.sfsu.edu/~ppg](http://www.sfsu.edu/~ppg)
- **Fiscal Affairs Home Page**  
<http://fiscaff.sfsu.edu>
- **FRS Guide**  
<http://frsweb.sfsu.edu:85/csu/sfProd.htm>
- **Manuals and Forms Repository**  
<http://fiscaff.sfsu.edu/Reference/Public/RefLib.htm/ABC.htm>
- **Procurement Policies and Procedures**  
<http://fiscaff.sfsu.edu/Procurement>  
[www.calstate.edu/csp/crl/policy/Policy.shtml](http://www.calstate.edu/csp/crl/policy/Policy.shtml)
- **Travel Policies and Procedures**  
<http://fiscaff.sfsu.edu/AcctsPayable/Travel>
- **Human Resources' Home Page**  
[www.sfsu.edu/~hrwww](http://www.sfsu.edu/~hrwww)
- **ORSP Home Page**  
[www.sfsu.edu/~orspwww](http://www.sfsu.edu/~orspwww)
- **ORSP/SFSU Conflict of Interest Forms and Guidelines**  
<http://www.sfsu.edu/~orspwww/conflict/conflict.html>