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
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.

ACTION TO BE TAKEN

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_____________________________
<table>
<thead>
<tr>
<th>Cost Sharing Categories</th>
<th>$ Amount</th>
<th>Source (Acct #)</th>
<th>Department/School</th>
<th>Approval Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ORSP-PREPRO-F1
## TIME AND EFFORT REPORTING SHEET

### Name: ____________________________

### Project Acct. No: ____________________

### Position/Title: ______________________

### Project Title: ________________________

### SSN No: ___________________________

### Project Director: ___________________

### Dept./College: ______________________

### Cost Sharing Acct. No: ______________

### Period Covered: ______________________

<table>
<thead>
<tr>
<th>% Time</th>
<th>Salary Rate</th>
<th>Benefits</th>
<th>Total Cost Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Non-Academic

- **Staff: Salaried**:
  - Hourly:

### Academic

- **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: ____________________________

\[rub\]
cc: Dept./College

ORSP FILE

TEDS03/ORSP
## IN-KIND CONTRIBUTION REPORTING SHEET

**Project Acct. No:**

**Project Title:**

**Project Director:**

**Dept./College/Other Institutions:**

**Cost Sharing Acct. No.:**

**Period Covered:**

<table>
<thead>
<tr>
<th>Categories</th>
<th>Actual ($) Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Student Assistants</td>
<td></td>
</tr>
<tr>
<td>2. Supplies &amp; Services</td>
<td></td>
</tr>
<tr>
<td>3. Travel</td>
<td></td>
</tr>
<tr>
<td>4. Contractual Services/Independent Contractors</td>
<td></td>
</tr>
<tr>
<td>5. Other (Briefly describe):</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Subtotal, Direct Costs (Sum items 1-5)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Unrecovered Indirect Cost (Other Institution only)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
</tr>
</tbody>
</table>

**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.

INKREP01/ORSP
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
### Faculty Information

<table>
<thead>
<tr>
<th>Faculty Name:</th>
<th>Project Director:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security No:</td>
<td></td>
</tr>
<tr>
<td>College:</td>
<td></td>
</tr>
<tr>
<td>Dept.:</td>
<td></td>
</tr>
</tbody>
</table>

### Project Information

| Project #: | Project Title:          | Agreement #: |

### RRT Calculation is at:  
- [ ] Replacement Rate  
- [x] Current Salary

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Base Salary</th>
<th>X</th>
<th>% Time</th>
<th>X</th>
<th>Number of Months</th>
<th>= Total RRT Salary Cost</th>
<th>+ Benefit Cost @ .179</th>
<th>= Total Salary + Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>x</td>
<td></td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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.
This Work Order authorizes San Francisco State University Foundation to administer the project named above, as awarded in the attached grant award notice. The total budget to be administered by the Foundation is $________ as detailed in the awarded budget categories attached.

The payment to the Foundation for this service is $________ (5% of ________). This administrative cost will be charged to Acct. #-5520.

All other terms and conditions are contained in the master MEMORANDUM OF UNDERSTANDING between San Francisco State University and San Francisco State University Foundation, Inc.

Project Director/PI Approval Signature Date

Grant Administrator, ORSP Approval Signature Date

Stephen C. Smith, Director, Procurement Office Date

Karen V. Clopton, Chief of Operations, SFSUI Date

/rob
cc: Project PI/PD
    H. Malouf, Trust Accounting
    A. Essex, SFSUI
    ORSP File (Acct. #___________)
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

- 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

- Travel Policies and Procedures
  http://fiscaff.sfsu.edu/AcctsPayable/Travel

- Human Resources’ Home Page
  www.sfsu.edu/~hrwww

- ORSP Home Page
  www.sfsu.edu/~orspwww

- ORSP/SFSU Conflict of Interest Forms and Guidelines
  http://www.sfsu.edu/~orspwww/conflict/conflict.html