


# Cost Match Form



**CERTIFICATION OF COST SHARE**

Project #: \_\_\_\_\_ Title: \_\_\_\_\_  
 Agency: \_\_\_\_\_ Budget Period: \_\_\_\_\_ Reporting Period: \_\_\_\_\_  
 P.I.: \_\_\_\_\_ Award No.: \_\_\_\_\_ FROM: \_\_\_\_\_ FROM: \_\_\_\_\_  
 TO: \_\_\_\_\_ TO: \_\_\_\_\_

**Section A: BUDGET REQUIRED COST MATCH**

CATEGORY	OBJ. CODE	CSUF		EXTERNAL		DESCRIPTION
		CASH	IN-KIND	CASH	IN-KIND	
SALARIES	8187, 8226, 8167	\$0	\$0	\$0	\$0	
BENEFITS	8291, 8227, 8170	\$0	\$0	\$0	\$0	
SUPPLIES	8146	\$0	\$0	\$0	\$0	
MATERIALS*	8143	\$0	\$0	\$0	\$0	
TRAVEL*	8173	\$0	\$0	\$0	\$0	
OTHER DIRECT COSTS*	8147	\$0	\$0	\$0	\$0	
IDC	8131	\$0	\$0	\$0	\$0	
<b>TOTAL</b>		\$ -	\$ -	\$ -	\$ -	

**Section B: ACTUAL COST MATCH**

CATEGORY	PREVIOUSLY REPORTED		REPORTING PERIOD		CUMULATIVE		BALANCE
	1/1/1900 - 1/1/1900		1/0/1900 - 1/0/1900		1/0/1900 - 1/0/1900		
	CSUF	EXTERNAL	CSUF	EXTERNAL	CSUF	EXTERNAL	
SALARIES	\$0	\$0	\$0	\$0	\$0	\$0	\$0
BENEFITS	\$0	\$0	\$0	\$0	\$0	\$0	\$0
EQUIPMENT	\$0	\$0	\$0	\$0	\$0	\$0	\$0
SUPPLIES	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TRAVEL	\$0	\$0	\$0	\$0	\$0	\$0	\$0
OTHER DIRECT C	\$0	\$0	\$0	\$0	\$0	\$0	\$0
IDC	\$0	\$0	\$0	\$0	\$0	\$0	\$0
CASH RAISED	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>TOTAL</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0

\* Provide supporting documents such as invoices, check requests, P.O's, etc.

**CSUF EMPLOYEES**

Name:	_____	_____	_____
% of Contributed Effort:	0%	0%	0%
Employee Annual Salary:	\$0	\$0	\$0
Salary Amount Contributed	\$0	\$0	\$0
Benefit Amount	\$0	\$0	\$0

**NON - CSUF EMPLOYEES (External Match)**

Name:	_____	_____	_____
% of Contributed Effort:	0%	0%	0%
Employee Annual Salary:	\$0	\$0	\$0
Salary Amount Contributed	\$0	\$0	\$0
Benefit Amount	\$0	\$0	\$0

**SIGNATURES**

I certify that I am familiar with the cost sharing requirements for this project and that the above identified cost sharing amounts are (1) verifiable; (2) not included as contributions for any other project; (3) necessary and reasonable; (4) allowable under the applicable cost principles; (5) not paid by the Federal Government under another award; and (6) provided for in the approved budget.

Principal Investigator _____ Date _____	Report Prepared by: _____
Dean / Department Chair _____ Date _____	Phone / Ext: _____
	Room #: _____

## Certification of Cost Share Form

The Sponsored Programs Administrator will complete this form based on the backup documentation received by the PI for any Cost Sharing.

It is the responsibility of the PI to carefully review, sign, obtain Chair or Dean signatures and return to CP-275.

PI must also provide supporting documentation for this form.