

## Cost Share / Match Commitment Form

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### PROCEDURE

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As Principal Investigator (PI) (or Program Director [PD]) you are allowed to request that Lewis-Clark State College (LC State) make a cost share/match contribution on an award/contract for which you would like to apply.

An approval to incorporate LC State cost share/match contribution on an award/contract will need to be obtained prior to submitting your Proposal Submission Authorization Form (PSA).

When the Office of Grants and Contracts (OGC) receives this completed form from the PI/PD the OGC and the Budget Office will review the request and make a recommendation to the appropriate signatory authority (i.e., Vice President of Finance and Administration and/or President). The signatory authority has the ability to approve the contribution of an LC State cost share/match to an award (LC State Policy 1.111).

If you are granted the opportunity to include LC State cost share/match contributions to your proposal you will need to attach this form to your PSA.

An LC State cost share/match contribution occurs when the College contributes resources to a sponsored project beyond the amount funded by the sponsor/donor. Cost sharing may be mandatory or voluntary.

Mandatory cost sharing/matching occurs when there is a requirement for cost sharing described in the request for proposal (RFP) or application guidelines. The sponsor/donor may mandate a cost share amount as a percentage of the total award, match ratio, or actual dollars.

Voluntary cost sharing occurs when an applicant contributes a quantifiable amount of resources to a proposed project even though the sponsor/donor does not explicitly require cost sharing. Sponsor's/donor's view any voluntary cost sharing offered at the proposal stage as voluntary committed cost sharing. Voluntary committed cost sharing places additional administrative burden upon the researchers and College because any quantified cost sharing offered in a proposal, that is submitted to a sponsor/donor and awarded to the college by that sponsor/donor, becomes auditable and must be documented and reported to the sponsor/donor.

According to [CFR 200.306](#), there are seven (7) criteria that a cost share/match item must meet in order to be accepted by a sponsoring agency:

1. The cost share/match item must be verifiable from the recipient's records.
2. The cost share/match item must be used as a contribution only once.
3. The cost share/match item must be necessary and reasonable for proper and efficient accomplishment of project or program objectives.

4. The cost share/match item must be indicated in the approved budget, as required by the sponsor.
5. The cost share/match item must not be paid by the Federal Government under another award, except where authorized by Federal statute to be used for cost sharing or matching.
6. The cost share/match item must conform to any applicable provisions of 2 CFR Part 200, Subpart D.
7. The cost share/match item must be an allowable cost under 2 CFR Part 200, Subpart E.

Please note that some items/accounts are not available for use as LC State cost share/match contributions.

- Federal awards cannot be used as cost share/match contributions on other Federal awards, except where specifically authorized by Federal statute. A PI/PD may utilize funds from non-federal awards as a cost share/match contribution when specifically allowed by the sponsor.
- The use of existing LC State inventoried equipment cannot be utilized as a cost share/match contribution. Existing LC State inventoried equipment is excluded as a cost share/match contribution is because:
  - The sponsor is already paying for a portion of the items through the Facilities and Administrative Costs (F&A Costs), or Indirect Costs; and
  - Existing LC State inventoried equipment was not purchased for use of the project for which you are seeking an LC State cost share/match contribution.
- College facilities (or any other LC State space) should not be utilized as a cost share/match contribution. The use of College facilities (or any other LC State space) is recovered from sponsors through the application of F&A Costs (i.e., Indirect Costs).
- Salary dollars above a regulatory cap cannot be used as a cost share/match contribution. For example, the NIH has a regulatory cap that limits the salary amount that may be awarded/charged to NIH awards. The College is allowed to pay an individual's salary amount in excess of the salary cap with non-federal funds, however, the College is not allowed to use this differential (i.e., amount in excess of the salary cap that was covered by the College) for cost sharing/matching.

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## INSTRUCTIONS

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**Download** this form to your desktop **and** open the form in **ADOBE PDF** before starting. **This form will NOT work correctly in your web-browser.**



Make sure the 'Show border hover color for fields' in Adobe PDF is 'checked'. You will only need to complete this requirement if you have altered the default settings of Adobe PDF on your computer.

**1 2 3**

***Please complete each question in the order it appears on this form.*** Some of the items on this form are dependent upon the answers to previous questions.



Mandatory fields and Mandatory Requirements on this form are highlighted in '**RED**'.



Use the '**GREY**' buttons to attach all required and / or additional documents to this form. **Each attachment should be easily identifiable by name and should be attached as a separate PDF (i.e., Do not combine all attachments into one PDF).**



Information icons have '**GREEN**' borders and '**BLUE**' circles.



Use the 'Save' icon to save the form as a fillable PDF file. **Please do not 'Print to PDF' or scan a hard copy of this form.**



Use a **Digital Id Signature** when signing this Form.



Click the '**YELLOW**' button to pause routing of this document, and identify any modifications that may be needed.



Click the '**GREEN**' button to send this document to the next reviewer.

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## PROPOSAL DATA

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### BASIC INFORMATION

1. Project Title:
2. Area / Unit (Answer question 2 before question 3):
3. Division:
4. LC State OGC tracking number associated with the project (if available):
5. LC State account associated with the project (if available):

### PRINCIPAL INVESTIGATOR

6. PI / PD Contact Information.

Name:

Office e-Mail:

Office Phone:

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## REQUEST

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### COST SHARE / MATCH

7. Please identify the cost share/match category budget items:

Cost Share / Match Category	Include	
	NO	YES
Expense Category		
Personnel		
Travel		
Materials & Supplies		
Capital Equipment		
Miscellaneous Expenses		
Sub-Awards		
Student Costs		
Participant Support Costs		
Unrecovered / Waived Indirect Costs		
Waived / Uncollected F&A		
F&A on Cost Share		
F&A Not Allowed by Sponsor		
3rd Party Contributions		



For each selected Cost Share / Match category, you may need to complete and attach an annual Cost Share / Match estimate form. Blank copies of annual Cost Share / Match estimate forms are attached to this document.

8. Please identify the cost share/match amounts per category.

Expense Categories	LC State Account (Source of Funds)			Amount per Type		Total Committed Amount
	Primary	Secondary	Tertiary	Voluntary	Mandatory	
<b>Personnel</b>						
1 Salary						
2 Fringe & Benefits						
<b>Travel</b>						
1 Domestic						
2 International						
<b>Materials &amp; Supplies (i.e., includes equipment less than \$5000)</b>						
<b>Capital Equipment (i.e., items greater than or equal to \$5000)</b>						
<b>Miscellaneous (i.e., items that do not align with other categories)</b>						
<b>Sub-Awards</b>						
Direct						
Indirect						
<b>Student Costs (e.g., tuition, scholarships, stipends, etc.)</b>						
<b>Participant Support Costs</b>						
<b>Unrecovered / Waived Indirect (F&amp;A) Costs (Sponsor must approve the use of unrecovered indirect costs (F&amp;A) as cost sharing.)</b>						
<b>Waived / Uncollected F&amp;A</b>						
<b>F&amp;A on Cost Share</b>						
<b>F&amp;A Not Allowed by Sponsor</b>						
<b>LC State Cost Share / Match Contribution Amount:</b>						
<b>3<sup>rd</sup> Party Contributions (Please attach letters of commitment from all sources that include the exact dollar amount offered)</b>						
1						
2						
3						
<b>3<sup>rd</sup> Party Cost Share / Match Contribution Amount:</b>						

**Total Cost Share / Match Amount:**

## JUSTIFICATION

9. If the Cost Share / Match you are requesting is 'Voluntary' please provide a justification for the 'Voluntary' Cost Share / Match.

## ATTACHMENTS

10. Please attach all relevant proposal / award documentation.

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### DIGITAL SIGNATURES

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By signing this form, you are certifying that you have read the procedures and instructions associated with this form, and that the information provided on, and attached to this form is accurate.

## PRINCIPAL INVESTIGATOR / PROGRAM DIRECTOR



The preparer of this document is responsible for identifying all needed e-mail address and attaching all finalized materials that will be submitted to the reviewers.

11. Is someone other than the PI / PD preparing this form (e.g., administrative assistant, etc.)?

NO

YES

Signatory	LC State e-mail	Digital ID Signature	Action	
			Modify	Submit
Administrative Assistant, etc.				
PI / PD				
Supervisor of the PI / PD				

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REVIEW

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GRANTS AND CONTRACTS RECOMMENDATION

ABSTAIN

APPROVE

**I CANNOT RECOMMEND AT THIS TIME**, but supports any decision made by executive leadership due to extenuating circumstances. Please provide an explanation for your recommendation, sign your 'Digital ID Signature', and click the 'green' button below.

Explanation:

Signature

## BUDGET OFFICE RECOMMENDATION

**ABSTAIN**

**APPROVE**

**I CANNOT RECOMMEND AT THIS TIME**, but supports any decision made by executive leadership due to extenuating circumstances. Please provide an explanation for your recommendation, sign your 'Digital ID Signature', and click the 'green' button below.

Explanation:

Signature



## SIGNATORY AUTHORITY DECISION

**APPROVED**

**DENIED**

Explanation (if applicable):

Signature

**GRANTS AND CONTRACTS OFFICE USE ONLY*****Review – Distribution***

LC State OGC Tracking Number

Date review is initiated:

Sent by:

File Name:

***Review – Receipt***

Date review is completed:

Received by:

Date approver is notified that the OGC has received the reviewed form:

File Name:

***Review – Notification of Review to the PI/PD***

Date Review out-come is sent to PI/PD

Sent by:

***Notes***