LOUISIANA STATE UNIVERSITY

Louisiana State University
Office of Accounting Services
Sponsored Program Accounting
240 Thomas Boyd Hall

REQUEST TO ESTABLISH COST SHARING GRANT | UNRESTRICTED AS851

- SPA will establish a separate grant for each source of funds provided. All spending should occur on the grant established expressly for that portion of the cost sharing.
- This form must route through Budget & Planning for approval that funds are available and that they can be used to provide cost sharing.
- The function of the source of funds MUST match the function of the award to be used to provide unrestricted cost sharing.
- The time period and amount should be entered for ALL years of the award. This form will serve as approval of the commitment for the life of the award even though the cost sharing may be documented in multiple fiscal years.
- The amount should not contain the portion of the cost sharing commitment considered Paper Entries (i.e., F&A, fringe benefits, tuition remission, subaward cost sharing, etc.).

Award Information

Award Number	AWD				
Sponsor		**Principal Investigator**			
Time Period		**Function**		**Amount**	

☐ Check this box to indicate that this cost sharing grant is requested as a **tentative** grant. By checking this box, the department is indicating that they are responsible for all charges if the agreement is not fully executed or if charges are incurred prior to the established begin date. They are further confirming that only charges for the company associated with the award will be charged to this grant.

Source of Funds

The approval of a **department head** or **cost center manager** for EACH department committing cost sharing to this award should be reflected below.

	Source of Funds*	Amount	Dept. Signature Approval	Printed Name	Date
1					
2					

*(i.e., program, funding source, etc.)

Approvals

As the Principal Investigator, I will assure that the cost sharing required by the referenced award has been committed and properly documented in the proper award lines/grants. Furthermore, I will inform SPA immediately of any changes affecting cost sharing on this agreement. I understand that the above information will enable SPA to monitor my cost sharing but it is my responsibility to assure that the required cost sharing has been committed and properly documented.

Principal Investigator Approval _____ Date _____

Budget & Planning *(for B&P use only)*

(for SPA use only)

	Cost Center	Fund	Function	Classified SS	Unclassified SS	Grant/Award Line
1						
2						

B&P Fringe Hierarchy (if applicable):

☐ LSUAM Grants Fringe _____%

Budget & Planning Approval _____ Date _____

Sponsored Program Accounting *(for internal use only)*

☐ All Grants ☐ Cost Sharing ☐ Tentative

SPA Approval _____ Date _____

Routing

Department → Budget & Planning → SPA