LOUISIANA STATE UNIVERSITY

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

REQUEST TO ESTABLISH COST SHARING GRANT | RESTRICTED

AS852

- **If this cost sharing will extend over multiple project years, please provide a breakdown by project year. SPA will automatically move the revenue from the source of funds on an annual basis using this form as approval.**
- 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.
- If funds from the Office of Research and Economic Development are being used to provide this cost sharing, this form must route through ORED for approval.
- 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, unrecovered F&A, etc.).
- If salary is charged to the cost sharing grant, the associated fringe benefits will also be charged at the current rate.

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 _____

The Office of Research and Economic Development certifies that the amount(s) listed above can be cost shared from the source(s) of funds indicated for the duration of the award. They further certify that SPA can move revenue from the source(s) of funds to the proper cost sharing grant(s) on an annual basis. Should additional funds be required as part of this cost sharing, ORED will require a new AS582 form to approve the use of those additional funds.

ORED Approval _____ Date _____

Sponsored Program Accounting *(for internal use only)*

Grant/Award Line	1		2	

☐ All Grants ☐ Cost Sharing ☐ Tentative
☐ LSU____ Grants Fringe _____% ☐ LSU____ Grants TR _____%

SPA Approval _____ Date _____

Routing

Department → ORED (if applicable) → SPA