LOUISIANA STATE UNIVERSITY

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

REQUEST TO ESTABLISH COST SHARING GRANT | LSU FOUNDATION AS853

- **The award statement of work MUST be attached to this form to obtain Foundation approval.**
- The LSU Foundation will establish a separate project ID for the cost sharing below to be spent ONLY on this award. No basic gift will be created for this project ID. All spending will occur on the grant established expressly for this 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, unrecovered F&A, etc.).
- If salary or graduate assistant pay is charged to the cost sharing grant, the associated fringe benefits and tuition remission will also be charged at the current rates.

Award Information

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

*(i.e., Foundation Project ID)

Cost Sharing Project ID	

(for LSU Foundation use only)

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 LSU Foundation certifies that the amount(s) listed above will be held in the cost sharing project ID(s) indicated above for the duration of the award period which is subject to change. The LSU Foundation will ONLY distribute these funds based on invoices received from Sponsored Program Accounting. Should additional funds be required as part of this cost sharing, the LSU Foundation will require a new AS583 form to add the additional funds to this project ID.

LSU Foundation Approval _____ Date _____

Sponsored Program Accounting *(for internal use only)*

Grant/Award Line					
Cost Center		**Fund**		**Function**	

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

SPA Approval _____ Date _____

Routing

Department → LSU Foundation → SPA