

# Cost Sharing Certification Form

Proposal #: \_\_\_\_\_ Project #: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Principal Investigator: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mandatory Amount: \$ \_\_\_\_\_

Voluntary Committed Amount: \$ \_\_\_\_\_

**University of Florida**

IFAS Sponsored Programs

P.O. Box 10110

(352) 392-2356 Phone

(352) 392-8479 Fax

## Salaries

Name	UFID	Dept ID	Account	Fund	Program Code	Source	Project #	% of Effort	Amount
Total									

## Other Expenses

Description	Dept ID	Account	Fund	Program Code	Source	Project #	Amount
Total							

## Third Party Contributions

Donor Name	Description of Goods & Services	Anticipated Receipt Date	\$ Value
Total			

<b>Subtotal</b>	
<b>IDC rate</b> _____ % **	
<b>Grand Total</b>	

\*\* See Cost Sharing Certification Form instructions for help in calculating IDC.

I acknowledge that cost sharing is required on the above-mentioned project. The above details how cost sharing is to be met.

Principal Investigator's Signature \_\_\_\_\_ Date \_\_\_\_\_

## PURPOSE

This form is used by a department to outline the cost sharing budget for a particular award. Please complete and return to IFAS Sponsored Programs with the Principal Investigator's signature.

## INSTRUCTIONS

Use the following instructions to complete the Cost Sharing Certification Form.

1. Enter the proposal and project numbers for the award that has cost sharing required.
2. Enter the agency name.
3. Enter the Principal Investigator's name.
4. Enter the name and phone number of the contact person in your department who handles this project.
5. Enter amount of mandatory cost sharing the PI is required to meet.
6. Enter amount of voluntary committed cost sharing the PI is required to meet.
7. If cost sharing is being met by salaries, enter the person's name, UFID, department ID, appropriate account (aka object code), fund, program code, source of funds, project number (if applicable), the percentage of effort and amount that is being cost shared. This information should reflect where the employee is being paid from.
8. Enter total amount of salaries being cost shared.
9. If cost sharing is being met by other expenses, enter a description of the expense item, department ID, appropriate account (aka object code), fund, program code, source of funds, project number (if applicable) and amount that is being cost shared. This information should reflect where the expenditure is being paid from.
10. Enter the total amount of other expenses being cost shared.
11. If cost sharing is being met by third party contributions, enter the donor name, description of goods and services, anticipated receipt date and dollar value that is being cost shared.
12. Enter total amount of third party contributions being cost shared.
13. Enter subtotal amount.
14. If agency allows IDC to be used to meet mandatory or voluntary committed cost sharing, enter IDC rate. (Calculate IDC amount by multiplying IDC rate on allowable cost sharing charges. Please contact IFAS Sponsored Programs for help in identifying which cost sharing charges are allowable.)
15. Enter grand total.
16. Have form signed by PI and return to the address below.

**NOTE:** Cost sharing of salaries (unless being paid from funds 211 and 212) will be done by the department when distributing payroll. Cost sharing of expenditures (unless being paid from funds 211 and 212) will be done by the department when making a purchase.

### **IFAS Sponsored Programs**

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