

SPONSORED PROGRAM COST-SHARING AFFIDAVIT**INSTRUCTIONS**

This form is to be used to summarize cash and in-kind cost-sharing and to provide accounting data and audit documentation for "matching" services and/or materials supplied to grants and contracts. The individual providing the services as well as the Project Director must sign this form. Retain one copy of this form in your department's file and send the original to the Sponsored Projects Accounting Office, MS 1247.

BSU Grant Dept ID #: _____

Today's Date: _____

BSU Grant Title: _____

The following cost-sharing items were provided as:

_____ Cash Match For the time period beginning: _____

_____ In-Kind Match and ending: _____

SERVICES

- Use a separate form for each individual providing services.
- Please provide a brief description and *note the BSU account number* which actually paid for these services:

Time _____ x _____ per hour = \$ _____
 # of hours rate (\$)

Fringe _____ = _____
 rate (%)

Total Cost of Service: = \$ _____

MATERIALS, SUPPLIES, AND EQUIPMENT

Please provide a brief description and *note the BSU Dept. ID #, transaction number, and transaction date* that support the actual expense:

DEPT ID	TRANSACTION NO.	DATE	DESCRIPTION	AMOUNT
Total Cost of Materials				

INDIRECT COSTS _____ \$ _____

TOTAL COST \$ _____

Individual Providing Service: _____

Typed or Printed Name

Signature

Project Director: _____

Typed or Printed Name

Signature