

**1% Minimum Effort  
Cost-Share Account Request**



**OFFICE OF  
SPONSORED PROGRAMS  
COLORADO STATE UNIVERSITY**

*Use this form when senior/ key person salary is not charged to the sponsored award or used as committed cost-share*

Submitted by	Contact email	Phone
PI	Department	Dept #
Project Title		
Project Sponsor	KR PD # or KFS 53 #	

Comments or additional information for the request:

*Attach additional pages as needed.*

**\*\* Hover over field for instructions**

1% Minimum Effort cost-share - SALARY ONLY* – (fringe will be charged to the CSA as applicable)					
Name <i>List one person per line</i>	Dept #	% Effort	\$ (round to nearest dollar)	Source Account	**Cost-share Account Number
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		

Approvals: Unit Head (department chair, director, or equivalent) (one line for each Unit)		
Name (print)	Signature	Date

Remarks:

\_\_\_\_\_  
OSP Administrator (signature/date)

\_\_\_\_\_  
OSP Cost Share Coordinator (signature/date)