Certification of Third Party Cost Sharing Contributions

For Completion by Individuals or Organizations Participating in CSU Sponsored Projects



Thank you for participating in the sponsored program identified below:

Program/Project Title		
Sponsor	Sponsor Award #	
CSU Principal Investigator		
CSU 53 account number	Award start/end dates	

Federal and University policy requires the following information so that CSU can report monetary amounts for your participation to our sponsors. To be considered allowable for reporting purposes, contributions must be incurred during the agreement period (listed above as **Award start/end dates**), must be consistent with the sponsor's guidelines, and for projects that include Federal funding, must meet the criteria provided in 2 CFR 200.306. *Questions regarding allowable costs should be addressed to the OSP Financial Research Administrator listed below.*

- **For Individuals**: Contributions may include personal time at appropriate rates for the type of services rendered, communication and transportation costs, and miscellaneous expenses incurred in direct relationship to the grant for which you were not reimbursed.
- **For Organizations**: Contributions include actual costs for staff time and fringe benefits, services, supplies, travel, or other allowable organization costs which were not reimbursed by the grant. Indirect/administrative costs may be included if you have a federally negotiated/approved rate. A copy of your rate agreement must be provided if reporting indirect costs.

(Completion examples are on Page 2.)

OSP Financial Research Administrator:

Email:

Contributions from INDIVIDUALS (not from an organization)		
Time period during which contributions were provided		
Personal time: hours days months # units		
Value per unit: \$ equals	\$	
Other expenses	\$	
Total INDIVIDUAL contribution	\$	

Contributions from an ORGANIZATION (not from an individual)		
Time period during which contributions were provided		
Staff time & benefits	\$	
Services, supplies, travel, equipment, other allowable direct costs	\$	
Indirect/overhead/administrative costs	\$	
Total ORGANIZATION contribution	\$	

I certify that to my best of my knowledge and belief this report is correct and complete: All outlays reported are for the purposes of the above identified project, occurred during the project period, are consistent with federal cost-share regulations, and backup documentation to support the costs is available upon request.

SIGNATURE (REQUIRED for ALL CO	ONTRIBUTIONS)
Individual name	
OR	
Organization name	
AND Signer's name *	
* For an organization, an administrative of	ficer must sign
Signature	
Date:	
ETURN TO	

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EXAMPLES:

Program/Project Title	Multi-dimensional transvector assimilation of residual biomass energy				
Sponsor	US Department of Energy		Sponsor Awa	rd #	DE-SC00000111
CSU Principal Investigator	Alberta Moffat				
CSU 53 account number	5311111	Award st	art/end dates	8/1/	2021 - 7/31/2023

Example of individual contribution:

Contributions from INDIVIDUALS (not from an organization)			
Time period during which contributions were provided	9/1/2021 – 8/31/2022		
Personal time: hours X days months # units 20			
Value per unit: \$ 100.00 equals	\$ 2,000.00		
Other expenses	\$ 45.00		
Total INDIVIDUAL contribution	\$ 2,045.00		

SIGNATURE (REQUIRED for ALL CONTRIBUTIONS)		
Individual name	Maria Espinoza	
OR		
Organization name		
AND Signer's name *		
* For an organization, an administrative of	fficer must sign	
Signature Date: 10/1/2023	- Cole	

Example of organization contribution:

Contributions from an ORGANIZATION (not from an individual)	
Time period during which contributions were provided	8/1/2021 - 6/30/2023
Staff time & benefits	\$7,500.00
Services, supplies, travel, equipment, other allowable direct costs	\$675.00
Indirect/overhead/administrative costs	\$2,300.00
Total ORGANIZATION contribution	\$ 10,475.00

SIGNATURE (REQUIRED for ALL CONTRIBUTIONS)			
Individual name			
OR			
Organization name	Biomass Energy Frontiers, LLC		
AND Signer's name *	Maya Hopewell, Executive Director/Partner		
* For an organization, an administrative of	fficer must sign		
Signature Date: 10/1/2023	Ro		

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INSTRUCTIONS

CSU OSP:

1. Complete the top block with all information: Copy/paste from Award search or RPS

Program/Project Title	
Sponsor	Sponsor Award #
CSU Principal Investigator	
CSU 53 account number	Award start/end dates

2. Complete the contact fields at the bottom of the page:

RETURN TO

OSP Financial Research Administrator:	FRA name here	
Email:	FRA email address here	

3. Save the file with the Cost-Share provider name and CSU 53 account number and send to the cost-share provider.