



## Definition

**Cost share** is defined as project costs not borne by the sponsor. Cost sharing is also known as matching or in-kind contribution.



Types of Cost Share

**Mandatory Committed Cost Share:** Cost sharing that is required by law, statute, regulation, written in the application guidelines for a specific program or included in the award document. Mandatory committed cost share is recorded in the University's accounting system and must be reported to the sponsor.

**Voluntary Committed Cost Sharing:** Cost sharing that is not required by law, statute or regulation, nor written in the application guidelines, but was quantified by the investigator in the proposal. Voluntary committed cost sharing is recorded in the University's accounting system and must be reported internally.

**Voluntary Uncommitted Cost Sharing:** Cost sharing that is not offered in the proposal and is not quantified in the award document. Voluntary Uncommitted Cost Sharing is not recorded in the University's accounting system and is not reported internally or externally.

4





|  |  | eiAr   | -   |  |
|--|--|--|---|--|
| nter the total Personr<br>olumn. This column is  | nel costs to be requ<br>s for any cost share   | uested from the Sponsor. F<br>ed costs – those not paid b  | Press tab and the cursor w<br>y the sponsor. Enter a figu                       | ill move to the University<br>re as appropriate. |
| any amount appears<br>nust provide a narrativ  | in the University c<br>/e explanation of the<br>personsor's policy   | column for "Personnel," "Tra<br>he reason for the cost shar<br>( stating a cost share requir   | avel," "Equipment," or "Oth<br>e in the field below the Bud<br>rement           | er Direct Costs," you<br>dget Summary section    |
|  | eld also asks that   | vou provide a specific sour  | ce of the University funds  | to cover this                                    |
| lease note the next to   |  |  | oo or and ormitorony rando  |  |
| ost share commitmen  | it. You should prov  | vide a departmental cost ce  | nter or a department acco   | unt number                                       |
| lease note the next fil<br>ost share commitmen<br>n this space. If you are   | at. You should prov<br>a unsure of the cor   | rrect number, you should c   | nter or a department acco<br>ontact your Business Offic                         | unt number<br>er.                                |
| Tease note the next fill<br>ost share commitmen<br>in this space. If you are   | <ul> <li>it. You should prov</li> <li>insure of the cor</li> </ul>   | vide a departmental cost ce<br>rrect number, you should c  | nter or a department acco<br>ontact your Business Offic                         | unt number<br>er.                                |
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| Tease note the next fr<br>ost share commitmen<br>n this space. If you are<br>7. Proposal Budget Sun<br>Personnel<br>Travel<br>Equipment  | nmary*<br>\$ 100,000<br>\$ 0<br>\$ 0<br>\$ 0   | vide a departmental cost ce<br>rrect number, you should c<br>University<br>\$5,000<br>\$ 0<br>\$ 0   | Total<br>\$ 0<br>\$ 0   | unt number<br>er.                                |
| Tease note the next fr<br>ost share commitmen<br>n this space. If you are<br>7. Proposal Budget Sun<br>Personnel<br>Travel<br>Equipment<br>Other Direct Costs                                | nmary*<br>\$ 100,000<br>\$ 0<br>\$ 0<br>\$ 0<br>\$ 0<br>\$ 0<br>\$ 0<br>\$ 0   | vide a departmental cost ce<br>rrect number, you should c<br>University<br>\$5.000<br>\$0<br>\$0<br>\$0<br>\$0   | Total<br>\$ 0<br>\$ 0<br>\$ 0<br>\$ 0<br>\$ 0<br>\$ 0<br>\$ 0<br>\$ 0           | unt number<br>er.                                |
| Tease note the next fr<br>ost share commitmen<br>n this space. If you are<br>7. Proposal Budget Sun<br>Personnel<br>Travel<br>Equipment<br>Other Direct Costs<br>Facilities & Administrative | nmary *<br>sponsor<br>\$ 100,000<br>\$ 0<br>\$ 0<br>\$ 0<br>\$ 0<br>\$ 0<br>\$ 0<br>\$ 0   | vide a departmental cost ce<br>rrect number, you should c<br>University<br>\$5.000<br>\$0<br>\$0<br>\$0<br>\$0<br>\$0<br>\$0<br>\$0<br>\$0<br>\$0<br>\$0<br>\$0<br>\$0 | Total<br>\$ 105,000<br>\$ 0<br>\$ 0<br>\$ 0<br>\$ 0<br>\$ 0<br>\$ 0<br>\$ 0     | unt number<br>er.                                |
| Personnel Travel Equipment Other Direct Costs  | tt. You should prov<br>e unsure of the cor<br>solo and the solo | vide a departmental cost ce<br>rrect number, you should co<br>University<br>\$5,000<br>\$0<br>\$0<br>\$0<br>\$0  | Total<br>\$ 0<br>\$ 0<br>\$ 0<br>\$ 0<br>\$ 0<br>\$ 0<br>\$ 0<br>\$ 0           | unt number<br>er.                                |

| f any amounts appear in the "Liniversity" column, explain why you are not requestion the sponsor to cover the full cost of the project. Attach commitment letters if an | licable If the |
|---|----------------|
| sponsor will not pay full Facilities & Administrative costs attach a copy of their written policy.  |                |
| A   |                |
| *   |                |
|   |                |
| indicate the specific source of any University funds to be used to conduct this project.  |                |
|   |                |
| If the <b>only</b> field in the University column with an entry is "Eacilities and Administrative " then you must   |                |
| provide an explanation of the reason for this in the field below the Budget Summary section and attach a  |                |
| copy of the sponsor's policy limiting F&A to an amount less than what is allowed per the University's   |                |
| ederally-negotiated indirect cost rate agreement. Please then enter "N/A" in the next field asking for the  |                |
| specific source of the University funds to cover this cost share commitment.  |                |
|   |                |
|   |                |
|   |                |
|   |                |
| letter en litere en   | _              |
| nups://www.research.uky.edu/office-sponsored-project  | <u>S-</u>      |
|   |                |
| administration/electronic-resources   | 8              |



| Date: <u>February 25,</u><br>Account:<br>Title: <u>FlexPower A</u>  | UK  | PI: <b>Land</b>  | F   | und:   | PADR 1                       |
|---|---|--|---|--|------------------------------|
| The above referenced account<br>with University of Kentucky (<br>budget or is a result of the ac-<br>below.<br>☑ This sponsored pro<br>☑ Faculty effort is com<br>Sponsored Project Account<br>E # A Pate: 53 % | nt has a cost sharing obl<br>Cost Sharing Guidelines,<br>stual award totaling less<br>ject includes a requ<br>nmitted as cost sha<br>unting Reporting Details<br>Bace 4 | igation which must be<br>Cost sharing was etit<br>than the proposed bu<br>lirement to report<br>ring and must be | documented in acc<br>ner committed in the<br>dget. Details are or<br>cost sharing dir<br>documented the | erordance<br>e proposed<br>utlined<br>rectly to the sp<br>rough the Facu | onsor.<br>Ity Effort System. |
| Method  | PRO<br>Completed by Office<br>Budget Detail   | POSED COST SHA<br>e of Sponsored Pr<br>Pe  | RING COMMITI<br>ojects Administ<br>rcent Year   | MENT<br>tration (OSPA)<br>Amount   | Matching Funds               |
| Facilities & Administration   | <sup>n</sup> Unrecovered F&A  | 53   | .00   | \$5,255.00   |                              |
| Faculty Effort System   | Co-I Lim  | 2.0  | 0   | \$3,153.00   |                              |
| Faculty Effort System   | PI landa  | 3.0  | 0   | \$6,762.00   |                              |
| Direct: \$9,915.00<br>OSPA Research Adminis<br>Remarks: Cost share is mand  | Total:<br>strator: <u>Sara Paria</u><br>latory and is PI and Co-I si<br>coded as special as repoi   | \$15,170.00<br>alary and unrecovered F<br>rt is due with each invoic   | Phone <u>25</u><br>Email <u>sar</u><br>&A<br>e, end of Q1 and end                                       | a. <b>1. State State State</b>   |                              |













## Fund, Cont.

The Cost Share Fund is found in t-code GMGRANTD under the Dimensions tab for any grant with cost share obligations as shown below. The Cost Share Fund will be identified in the description.









|                                      |  |  |                              | 3 |
|--------------------------------------|--|--|------------------------------|---|
| SFA USE ONLY<br>DATE STAMP           | SCHOLARSHIP AN<br>***PLEASE TYP              | SAG FORM<br>ND GRANT AUTHORIZATION<br><i>PE OR PRINT CLEARLY</i> *** | SFA USE ONLY<br>PROSAM STAMP |   |
| DATE SUBMITTE                        |  | 009  |                              |   |
| SCHOOL TERM F                        | DR DISBURSEMENT OF AI                        | D (urite the year in unly une space)                                 | FA OFFICE USE ONLY           |   |
| Yr. Fall Seme<br>Yr. 200: Spring Ser | ster<br>Dester                               | Yr. 4-week Summer  | un ID                        |   |
| Yr Fall Onl (0                       | ONLY IF SCHOLARSHIP VII                      | LL NOT BE REPEATED IN SPI  |                              |   |
| CAMPUS (where s                      | tudent is enrolled)                          | DENTISTRY  |                              |   |
| GRANT OR                             | MEDICINE                                     | DENTISTRI  |                              |   |
| SCHOLARSHIP TI                       | TLE: Distance Learning Project               |  |                              |   |
| DEPARTMENTAL                         | AUTHORIZING SIGNATUR<br>FORM PREPARED BY:    | E:   |                              |   |
|                                      | NAME   | Marcia Bowling   | _                            |   |
|                                      | COLLEGE                                      | Education  | - 1                          |   |
|                                      | DEPARTMENT NAME                              | Special Education & Rehab. Counselin                                 | g                            |   |
|                                      | DEPARTMENT NUME                              | 8G070  | -                            |   |
|                                      | ADDRESS & SPEED S                            | s 229 Laylor Education Bldg, 0001<br>7, 4712                         | - !                          |   |
|                                      | FIONE NUMBER                                 |  | - !                          |   |
|                                      |  | MICT NOV FILL IN THE DOS OF  | 104                          |   |
|                                      | ALL DEPARTMENTS A                            | 1227 NOW FILL IN THE BOX BE  | LUV                          |   |
| ******* <u>VE CA</u>                 | NNOT PAY YOUR STUDEN                         | ITS UNTIL VE HAVE THIS INFO  | BMATION******                |   |
| Pladaruppiythu                       | and/or SAP wing transaction of               | Lobjta find the information you do not know.                         | and set your everyor afficer |   |
| Fund:                                | 0011890300                                   | Functional Area:   | 0820                         |   |
| Business Are                         | 013606111                                    | GI Account:  | 537030                       |   |
| This quard is a fe                   | ark univ une):                               | The recipient is selected by (mark and                               |                              |   |
| Schularzhig                          | I Grant                                      | Callege  | State Entity                 |   |
| - Lena -                             | Uther (specify)                              | Department<br>Federal Entity   | Other (reecify)              |   |
|                                      | NAME (lact first middle init                 |  | DATE (SEA ONLY               |   |
| STODENT ID NO.                       | norm-ne (nast, mist, middle iki)<br>Dog John | \$3.438.0  |                              |   |
| 101101999                            |  | A 1 # 10 10  |                              |   |







## Automatic Funding Program If/when a department begins participating in the automatic funding and has a project with cost share expenses from other areas, the program will charge only the cost center for the responsible unit. However the funding can be transferred between departments as needed. The instructions received from Accounting and

Financial Reporting Services for such entries are:

The departments will need to use the 75 GL accounts on both sides of the transactions between the cost centers. Also, they need to put the grants that are involved in each of the transactions in the assignment fields.



## Review Process for a JV to Fund Cost Share

- Reviewed by Accounting and Financial Reporting Services for correct transfer G/L accounts and cost center account validity.
- Once signed off, JV is reviewed to determine the following:
  - · Cost Share fund is listed along with the WBS element
  - The 74XXX g/l account is associated with the WBS element
  - The 75XXX g/l account is associated with the Cost Center
  - · Account is open and valid for posting
- > If all information is accurate, the JV is posted



















| Re<br>Trar   | eviewing Cost Share<br>sactions in ALN, cor           | it. |
|--------------|---|-----|
| Enter Gran   | t Number  |     |
| ≻ Select "By | Grant" for Report Extraction                          |     |
| ➤ Execute    | Budget Vis. Commit, Actual Journal                    |     |
|              | Utilig outst-FunciPhong<br>@# GrantyFunciPhong (Class | 37  |













| Reporting   |   |  |   |   | COST Share<br>Sponsor Invoice  |  |   |  |  |  |  |  |
|---|---|--|---|---|--|--|---|--|--|--|--|--|
|   |   |  |   |   |  | LE:  | KINGTON REGION I  | C FINANCIAL RE                             | PORT AND INVOI   | E TEMPI ATE  |  |  |
| University of THE UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION                                      |   |  |   |   | INVOICE  |  | SURCON  | TRACT AGREEMENT NUM                        | RFR: 135-405-17-01                                       | in the second second                                   |  |  |
|   | muchy.  |  |   |   | INTOICE  |  | SUBCON  | TRACT PERIOD: JULY 1.                      | 2017 TO JUNE 30, 2018                                    |  |  |  |
|   |   |  |   |   |  | INVOICE DATE: 6/4  | /2018   |  | INVOICE NUMBER   | p10008   | p100085422   |  |
| 200 Snew End, de Flore<br>Mendel De Ander<br>Frankret, KY 8001<br>Privaterier<br>Profit 12 (2000) |   | PATHEMI FOR CREAT TO THE PROPER ACCOUNT:           Invide Art.         \$ P10002010           Invide Art.         \$ P10002010           Invide Prof.         \$ 2010201-2010210           Date         \$ 04110219           Access the.         \$ 1000000000000000000000000000000000000 | TO: KENTUCKY SOLENCE & T<br>ATTR: John Wehre, Chief J<br>P.O. BOX 1049<br>LEXINGTON, KY 40585-104<br>CURRENT BILLING PERIOD: from<br>TOTAL AMOUNT OF THIS INVOICE | 2014/02/06/2014/2014<br>Inancial Officer<br>0<br>4/12018 to<br>#20UEST:5        | 6/30/2018  | PROM: UNIVER<br>dis Natio<br>P.O. Box<br>Claveland   | XTY OF KENTUCKY RESE<br>ISI City Bank<br>931113<br>OH 44193 | MICH FOUNDATION                            |  |  |  |  |
| Award: \$66   | 8,439.00  |  |   |   | REMIT: Preferred Payment method:<br>ACH electronic funds transfer  | LEXINGTION INNOVATION OFFICE   |   |  |  |  |  |  |
|   |   |  |   |   | If ACIE is not available for your organization,<br>payments should be made to:<br>University of Kenucky Research Foundation<br>do PNC Bank<br>PO Bee (2011)3<br>Disabled Child 44103     | DESCRIPTION<br>Salaries & Pringe Benefits  | SUBCONTRACT<br>BUDGET<br>\$ 142,552.00 1                    | PRIOR PERIOD<br>CUMULATIVE<br>EXPENDITURES | CURRENT<br>BILLING PERIOD<br>EXPENDITURES<br>3 36,613.32 | CUMULATIVE<br>EXPENDITURES<br>TO DATE<br>\$ 141,004,06 | SUBCONTRACT<br>BALANCE<br>REMAINING<br>\$ 1,557.54 |  |
|   |   |  |   |   | Caseding on Heres  | Outside Professional Services<br>Other Operating Expenses  | 5 - 5<br>5 22,438.00  | 11,754,17                                  | 6,312,29   | s .<br>s 10,066,46                                     | s  |  |
| Invoice Details -   | - Amounts in USD<br>Current   | Cumulative   | Cost Share  | Cost Share  |  | TOTAL EXPENSES   | \$ 165,000.00 \$  | 116,144.91                                 | 42,925.61  | \$ 159,070.52  | \$ 5,929.48  |  |
| SALARIES<br>BENEFITS  | 6,190.76<br>1,427.00  | 27,331.80<br>0.680.01  | Expenses<br>1,140.52<br>356.50  | Expenses<br>2,856.97<br>844.73  |  | LEXINGTON INHOVATION OFFICE<br>MATCHING<br>APPRICATE   |   |  |  |  |  |  |
| FAC & ADMIN EXPE<br>FAC & ADMIN CS E<br>TOTAL>  | ENSE 3,846.96<br>30P 0.00<br>11,464.72  | 17,176.30<br>0.00<br>51,188.71   | 0.00<br>760.54<br>2,266.56  | 0.00<br>1,869.38<br>5,571.06  |  | DESCRIPTION  | SUBCONTRACT<br>BUDGET                                       | PRIOR PERIOD<br>CUMULATIVE<br>MATCH        | CURRENT<br>BILLING PERIOD<br>MATCH                       | CUMULATIVE<br>MATCH<br>TO DATE                         | MATCH<br>BALANCE<br>REMAINING                      |  |
|   |   |  |   |   |  | Salanes & Fringe Benefits<br>Outside Professional Services<br>Other Operating Expenses<br>Institutional Instituter | 5 79,459.00 5<br>5 - 5<br>5 26,923.00 5<br>5 54,513.00 5    | 67,980,75<br>6,902,15<br>41,262,01         | 18,546.27  | \$ 86,827.02<br>\$ .<br>\$ 15,731.60<br>\$ 86,811.90   | 5 (7,368.02)<br>5                                  |  |
| By signing this re<br>disbursements at<br>that any false, for<br>possibles for first              | eport, I certify to the best of n<br>nd cash receipts are for the p<br>ctitious, or fraudulent informa<br>id, failse statements, failse cla | y knowledge an<br>surposes and obj<br>tion, or the omiss<br>ims or otherwise   | d belief that the<br>ectives set forth<br>ion of any mate<br>. (U.S. Code Till  | report is true, co<br>in the terms an<br>rial fact, may su<br>le 18, Section 19 | implete, and accurate, and the expenditures,<br>di conditiona of the Federal auxore<br>biject me to criminal, civil, or administrative<br>001 and Tifle 31, Bections 3729-3730 and 3801- | TOTAL EXPENSES   | 5 165,000.00 1  | 116,144.91                                 | 42,925.61  | 5 159,070.52   | 5 5,929.45   |  |
| 3812).  |   |  | in section.   |   | for Decembric Circuit ( Services   |  |   |  |  |  |  |  |



