



# Certification for Cost Sharing/Match

Grant Fund Number: \_\_\_\_\_  
 PI: \_\_\_\_\_  
 Project Title: \_\_\_\_\_  
 Cost Share Dates: \_\_\_\_\_

**Faculty Release Time:**

Faculty Member: \_\_\_\_\_ Applicable Semester: \_\_\_\_\_ Hours Reassigned: \_\_\_\_\_  
 Faculty Member: \_\_\_\_\_ Applicable Semester: \_\_\_\_\_ Hours Reassigned: \_\_\_\_\_  
 Faculty Member: \_\_\_\_\_ Applicable Semester: \_\_\_\_\_ Hours Reassigned: \_\_\_\_\_

**NOTE: Please attach a copy of the applicable FY signed "Faculty Workload Plan including non-teaching duties form"**

**Student Scholarships:**

Student's Name: \_\_\_\_\_ Y#: \_\_\_\_\_ Applicable Semester: \_\_\_\_\_  
 Student's Name: \_\_\_\_\_ Y#: \_\_\_\_\_ Applicable Semester: \_\_\_\_\_  
 Student's Name: \_\_\_\_\_ Y#: \_\_\_\_\_ Applicable Semester: \_\_\_\_\_

**Supplies**

Item: \_\_\_\_\_ FOAP charged: \_\_\_\_\_ PO# (if any): \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
 Item: \_\_\_\_\_ FOAP charged: \_\_\_\_\_ PO# (if any): \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
 Item: \_\_\_\_\_ FOAP charged: \_\_\_\_\_ PO# (if any): \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**Travel**

FOAP charged: \_\_\_\_\_ Dates of Travel: \_\_\_\_\_ Destination: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
 FOAP charged: \_\_\_\_\_ Dates of Travel: \_\_\_\_\_ Destination: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
 FOAP charged: \_\_\_\_\_ Dates of Travel: \_\_\_\_\_ Destination: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**NOTE: Please provide Concur YSU Detail Report to verify expenses.**

**Services Rendered**

Type of Service: \_\_\_\_\_ Agreed Rate of Compensation: \$ \_\_\_\_\_  
 Number of Hours Contributed: \_\_\_\_\_ Total Contribution: \$ \_\_\_\_\_

*I hereby certify that I contributed my professional services to the above listed project for the purpose of providing in-kind matching for a sponsored program.*

Donor's Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

**NOTE: Please attach an explanation of the basis for the valuation of each item and any supporting documentation, such as time sheets, sign-in sheets, etc.**

*I hereby certify that all match is from non-federal sources and has not been used as match for another program.*

Grant PI (Signature): \_\_\_\_\_ Date: \_\_\_\_\_  
 Dept. Chair/Dean (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

If NO match was met for the cost share dates above, please sign below:

\_\_\_\_\_

**Note: If you do not see the proper category for your source of match, please attach documents/support to be reported as cost share/match.**

The completed certification for cost share, along with all support, can be emailed to [grantsacct@ysu.edu](mailto:grantsacct@ysu.edu)