

**CALIFORNIA STATE UNIVERSITY, FRESNO FOUNDATION  
COST SHARE CONTRIBUTION REPORT - EXEMPT EMPLOYEES & FACULTY**

**Program Title** \_\_\_\_\_  
**Program Director** \_\_\_\_\_

**CSU Fresno Foundation Cost Center#** \_\_\_\_\_ **Cost Share Dates:** \_\_\_\_\_

**Funding Agency** \_\_\_\_\_

**Agency contributing In-kind** \_\_\_\_\_

**Account number/Chart fields Charged** \_\_\_\_\_

**Type of Contribution** \_\_\_\_\_

1. In-Kind Salaries: **Name, Title, and relationship to project:** \_\_\_\_\_

**Activities / Date(s) of Services:** \_\_\_\_\_ **Please check activities, change titles of activities, and/or enter dates as applicable.**

staff/associates meeting time																				
Program Development																				
Report Prep time																				
Site meetings																				
Implementation/ Communication																				
Conference/travel time																				
Project time - undergraduate students																				
Project time - graduate students																				
Publication preparation																				
Summer Project Preparation																				
Other: _____																				
Other: _____																				

Total hours if chosen to track 0.00

- Calculation Base Hours:**  
**A.** 12 month staff = 2080 hours/yr., 173.33 hrs/mo.  
**B.** Full Time Academic year faculty = 1360 hours per Ac Year; 680 hrs/ Ac semester;

**Calculation In-kind hours budgeted:**  
 Percentage proposed x base hours applicable      **Percentage In-kind time completed for time period** \* \_\_\_\_\_  
 \*Faculty and exempt employees are required to enter Percentage In-kind

Percentage of effort contributed as cost share for project from another university/foundation account as listed  
 is not to exceed percentage effort compensated from that foundation/university account.

**Salary** \_\_\_\_\_  
**Benefits** \_\_\_\_\_  
**Total In-kind Cost Share**      \$ \_\_\_\_\_ - \_\_\_\_\_

**CERTIFICATION by PI:** \_\_\_\_\_  
 I certify that, to the best of my knowledge, the above distribution of effort represents a reasonable account of all work performed under the above-referenced project during the time period dates indicated.  
**Is primary sponsored program a federal or federal pass-through funded program?** No , Yes   
 If yes, I also certify that cost share/match is from non-federal funding sources.

\_\_\_\_\_  
**Signature**    **Date**    **Employee's Supervisor's signature**    **Date**

\_\_\_\_\_  
**\*\*Dean's Signature**    **Date**    **Project Director Signature**    **Date**