

Oregon NASA Space Grant Consortium Cost Share Documentation: July 2019 - June 2020



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	Name:						
	Institution:						-
As an affiliate of the Oregon NASA Space Grant Consortium, I spend a portion of my academic time participating in Consortia activities including correspondence and phone calls with the OSGC administrative offices; distribution of information for scholarship, fellowship and internship opportunities to students; involvement with program review panels; and attendance at affiliate meetings. Therefore, I submit this statement as documentation of my efforts with OSGC.							
	Annual Salary	9-month 12-month	(Salary)				
	Fringe Benefits	s (OPE) Rate (see explanation below)	(OPE)				
	Percentage of	Time Allocated to Space Grant Duties	(% Time)				
I understand that this cost sharing of my time is above and beyond any activities associated with subcontracts that I have received from Oregon NASA Space Grant.							
	Affiliate Representative Signature:				Date:		
	Department Hea	d			Date:		

Instructions: OSGC recognizes that your time is valuable. With this in mind, OSGC factors the value of your Space Grant focused time and activities towards the fulfillment of NASA cost share requirements. In order to document the value of your time, please complete the table on the top half of this form. Include the following:

- Your Salary. Please indicate 9 month or 12 month appointments.
- An estimate of your Fringe Benefit Rate (often called OPE). Other Personnel Expenses (OPE) include health insurance, retirement, unemployment insurance, social security, workers compensation insurance, etc. This percentage is often available online at your institution's website. Search your institution's website for "fringe benefit rate" or "OPE rate" to find the rate charts. The rates vary by salary and are only estimates. You may also request your rate from your institution's Human Resources, Research, or Sponsored Programs departments.
- An estimated percentage of your total work time spent on Space Grant related activities (above and beyond any activities associated with Space Grant funded subcontracts or awards).
- Please sign and date the form and include a signature from your department head.

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DO NOT WRITE BELOW LINE

F & A rate = 46% (Salary) X (% Time) = (Cost Share Salary %) (Cost Share Salary %) X (OPE) = (Payroll Expense) (Payroll Expense) + (Cost Share Salary %) = (Subtotal) (Subtotal) X (46%) = (Overhead)

(Subtotal) + (Overhead) = (Total Cost Share)

Signature: