#### Instructions



IVERVIEW
his NSF Major Facility Financial Data Collection Tool was designed by the National Science Foundation (NSF) to assist recipients in submitting substantiated program expenditures for instruction and operations and management costs for its Major facility cooperative agreements (CAs) and cooperative support agreements (CSAs) over \$70 million and may be comprised of everal different CSAs funded by multiple appropriations. This user-friendly reporting tool is comprised of several worksheets that enable recipients to submit adequate incurred program prenditures in accordance with NSF terms and conditions and the Major Facilities Guide. This reporting tool was instituted to ensure that funds for Major facilities are properly expended and anaged. The tool has color coded cells which will assist the user. Yellow cells are manually filled in by the user, Blue cells are linked from other worksheets and Gray cells are auto calculated. It is data tool is to be completed annually for incurred costs, using the accrual basis of accounting, for the applied funding (project) year. The recipient must submit it to the cognizant Grants and accellection Tool to your NSF Grants and Agreements Officer by January 31, each year for the 12-month funding year ended September 30. This financial data is not required to tie to any othe port submitted to NSF, prior to submission.

#### WORKSHEET PREPARATION

or to completing the worksheets, retrieve a breakdown of federal funding (budget) for each cooperative agreement (CA) and for each cooperative support agreement (CSA), and a breakdown of expenditures claimed for each CA and CSA. Suggested sources for this data include your Chart of Accounts, General Ledger, Job Cost Ledger, CA and CSA award budgets, contracts/vendors sustlants and subawards information, and your negotiated indirect cost rate agreement (NICRA). Please do not change the names of any existing worksheets or delete columns or rows on sting worksheets. In addition, the following guidance is provided for completing each tab of this worksheet.

etup: Complete this tab first as it will customize this reporting tool for your award. Ensure the macros are enabled before you complete the information on this tab, by clicking the "Enable ontent" button. Input your institution and award data as requested. Your award data should agree with the information listed in your CA and subsequent CSA(s). Once you have entered all the quired information including the number of CSAs in the Award Data box and select "RUN SETUP" you will start to enter information into each of the tabs starting with the CSA Cost Worksheet and then the CSA Budget Worksheet and then the CSA cost Worksheet Tab. This button will allow you to add a new CSA table throughout the Tool.

operative Support Agreement Cost Worksheet: The purpose of the CSA Cost Worksheet is to reconcile costs from the Job Cost Ledger for all award CSAs. A separate CSA table will be dided to the CSA cost worksheet based on the number of CSAs entered in the Setup tab once you hit "Run Setup". If you need to add additional CSAs after "RUN SETUP" has run, use the "Add ew CSA" Button on the CSA Cost Worksheet Tab. Input your current year expenditures from your Job Cost Ledger and any adjustments in each of the cost categories. Add any additional mements, which can provide dairly or explanation to the reviewer on costs. "Fee must be included in row K. Pawards which do not have the amount listed in this line of their budget, add a late in the tab Accounting Notes Worksheet. Fee is not included as part of Total Direct Costs. "For purposes of reporting "Claimed Direct Costs," costs incurred using "contingency funds" should reported within the cost category into which they would naturally fall. \*\*\*Program Income should not be included in your costs but provided on the Program Income Reporting Worksheet per the proposal and Awards Policies and Procedures Guide".

cooperative Support Agreement Budget Worksheet: The CSA Budget Worksheet captures the reported costs for each of the major cost elements for each CSA (for the funding year and umulatively from the start of the CSA's period of performance to the end of the funding year). These costs are compared to approved budgets for each CSA to indicate the amount remaining for ach budget category. Input your approved NSF budget for the funding year in each of the cost ategories and your cumulative expenditures. "Fee must be included in row K. For awards which do not have the amount listed in this line of their budget, add a note in the tab Accounting Notes Worksheet. Fee is not included as part of 1761 Direct Costs: "Other Direct Costs: "Other Prova and a note added above in the Recipient Preparation lotes. (See Major Facilities Guide, Section 4.2.2.4, "Application of 2 CFR § 200 Cost Principles to NSF Budget Categories from the PAPPG".) \*\*\*However, for purposes of reporting in the "Curren year-diffusers" could naturally fall. \*\*\*\*Program Income should not be included in our costs but provided on the Program Income Reporting Worksheet per the "Proposal and Awards Policies and Procedures Guide".

contract & Consultant Worksheet: The Contract and Consultant Worksheet provides details of costs for each contract/consultant identified by the recipient. A contract or consultant surpose of obtaining goods and services and creates a procurement relationship with the contractor. All Contract and consultant agreements with contract amounts > 825,000 must be roken out individually on the worksheet. Contract and consultant agreements under 825,000 may be accumulated into one row and submitted with a separate preadsheet/accounting system report listing the cumulated agreements and amounts. The Worksheet provides for 100 agreements, but more rows may be added, if necessary. Make sure out enter the contract type (e.g. cost-reimbursement, T&M, labor-hour, firm fixed-price). Add any other important information in the Recipient Preparation Notes.

awards Worksheet: The Subawards Worksheet provides detail of costs for each subaward. A Subaward means an award provided by a pass-through entity to a subrecipient for the scipient to carry out part of the scope under a Federal award. It does not include payments to a contractor or payments to an individual that is a beneficiary of a Federal program. A subaward be provided through any form of legal agreement, including an agreement that the pass-through entity considers a contract. All Subawards with award amounts > \$25,000 must be broken ou idually on the Subawards worksheet. Subawards under \$25,000 may be accumulated into one row and bushnitted with a separate spreadsheet/accounting system report listing the cumulated wards and amounts. The Worksheet provides for 100 agreements, but more rows may be added, if necessaries. Make sure you enter the subaward type (e.g., cost-reimbursement or fixed nount). Add other important information in "Recipient Preparation Notes".

ndirect Cost Rate Worksheet: The purpose of the Indirect Cost Rate Worksheet is to capture details associated with the indirect cost rates. The schedule of indirect cost includes the period of enformance start and end dates, the base amount, and rate applied for each identified rate type such as Facilities & Administrative, General & Administrative, or other specified. If using Modified of all Direct Cost, (MTDC) as your allocation base, click the checkbox.

ogram Expenditures Worksheet: The purpose of the Program Expenditures Worksheet is to capture a summary of award expenditures as consolidated from the recipient's General dger/Trial Balance. This summary also shows a summary of expenditures as compared to the approved budget for the entire CA. <Program expenditures worksheet is linked to <CSA cost rksheet> and <CSA budget worksheet>. This information is automatically calculated from amounts entered in the CSA cost worksheet and CSA budget worksheet.

Certificate of Costs: The Certificate of Costs tab requests recipients identify the name and title of the Authorized Organizational Representative (AOR) who prepared the cost submission name and title of the individual certifying that all data is accurate and based upon official records used by the recipient to record all expenditures for its CA and CSAs. The "Validate" button allidates that the cost submission is finalized and certified.

#### REPORT PREPARATION NOTES

- . Macros must be enabled in order for this data collection tool to work properly
  . Throughout this workbook, the cells that are intended for data entry by the recipient are shaded a light yellow. All other cells (blue or gray) are linked/protected based on other cell
- 3. Double check all data on all worksheets before submitting to NSF
  4. All worksheet tabs are required to be completed unless instructed otherwise by NSF
  5. Be sure to save your progress as go complete the tool
- Press the "Validate" button on the "Certificate of Costs" tab in order to finalize the data

## **Flowchart**



This process diagram indicates the steps to complete the data collection tool. It identifies the core data sources recipients should utilize to complete the worksheets to accurately capture the data. Progressing through the tool's worksheets from left to right will streamline the data capture and submission process.

The Setup Tab customizes the tool to match the attributes of each recipient and populates multiple worksheets

After setup, the tool's worksheets are now ready for recipient data entry

Use your organizations data from the following input sources to complete each of the worksheets listed below

Once all data is entered and verified, it is now ready to be saved and submitted to NSF

- -Enter institutional data
- -Enter award data
- -Enter Point of Contact data
- -Enter Indirect Cost data
- -Enter number of Subcontracts and Subawards

- -Fill out the Worksheets first and progress from left to right in the tool
- -Yellow cells require manual data entry
- -Blue cells are populated using an Excel formula among the linked worksheets
- -Gray cells are auto populated by the tool

## **Input Sources**

- -General Ledger
- -Chart of Accounts
- -Job Cost Ledger
- -NSF CA/CSA Budget(s)
- -Subcontracts/Subawards Budget

#### Worksheets

- CSA Cost Worksheet
- -CSA Budget Worksheet
- -Subcontract/Consultant Worksheet
- -Indirect Cost Rate Worksheet
- -Program Expenditure

-Identiffy accounting resources used in the notes Worksheet

- -Completing the certificate of Costs ensure the recipient has reviewed the data and is certifying its accuracy
- -The Validate button will identify any errors or missing data



#### Setup

This Setup information will be used to customize the reporting tool to reflect your award. Ensure the macros are enabled before you complete the information on this tab, by clicking the "Enable Content" button. Once all information is entered click the "Run Setup" button at the bottom to complete the customization. Note: The "Run Setup" button can only be selected once; if you need to correct setup data after the "Run Setup" button is clicked, you may update any linked information in the setup tab and add new CSAs by using the "Add CSA" button on the "CSA Cost Worksheet". You may update the number of subcontracts or subawards per CSA at any time and add rows to the contract & Consultants Worksheet or Subawards Worksheet as needed. Alternatively, you may open a new file of this tool and begin again.

	INSTITUTION DATA				
	Recipient Name:				
	City:				
	State:				
	Zip Code:				
	Country:				
	Website:				
	AWARD DATA				
	CA Award Number:				
	Project Title:				
	Name of Facility:				
	CFDA Number:	Enter the Catalog of	Federal Domestic Assi	stance (CFDA) numb	er listed on the CA/CSA award letter
	Recipient Fiscal Year Start:				
	Recipient Fiscal Year End:				
	CA Period of Performance Start:				
	CA Period of Performance End:				
					a MM/DD/YYYY format.
	Funding Year End	Enter the last day of	the funding (project) ye	ear being reported in a	a MM/DD/YYYY format.
	Total Award Amount:				
	Funded to Date Amount:				
	No. of CSAs:	0			
	200 2171				
	POC DATA				
	First Name: Last Name:				
	Title:				
	Phone No.:				
_	Email:				
	INDIRECT COST RATE DATA				
	Facilities & Administrative				
	General & Administrative				
	Other				
	If Other type of Indirect Cost Rate, I				
	Name 1:	ist flame below:			
	Name 1:				
	Name 2:				
	Name 4:				
	Name 4: Name 5:				
	Name 6:				
	Name 6:				
	CONTRACT/SUBAWARD DAT	-A			
	CSA's:		# of Contracts	# of Subawards	

## Cooperative Support Agreement Cost Worksheet

#### **Recipient Preparation Notes**

Please enter any notes or comments regarding your calculations or data submitted for this worksheet.

Yellow Cells:	Manual fill by user
Blue Cells:	Linked from other worksheets
Gray Cells:	Auto-calculated
Recipient Name	0
Name of Facility	0

Funding Year Start
Funding Year End

Select CSA Type	
Enter CSA #	

Claimed Direct Costs by Budget Category	Job Cost Ledger	Accrual Adjustments	Current Expenditures	Comment
A. Senior Personnel	\$ -	\$ -	\$ -	
B. Other Personnel	\$ -	\$ -	\$ -	
Total Salaries and Wages (A+B)	\$ -	\$ -	\$ -	
C. Fringe Benefits	\$ -	\$ -	\$ -	
Total Salaries/Wages/Benefits (A+B+C)	\$ -	\$ -	\$ -	
D. Equipment	\$ -	\$ -	\$ -	
E. Travel	\$ -	\$ -	\$ -	
F. Participant Support	\$ -	\$ -	\$ -	
G1. Other Direct Costs: Materials and Supplies	\$ -	\$ -	\$ -	
G2. Other Direct Costs: Publication/Documentation/Dissemin	\$ -	\$ -	\$ -	
G3. Other Direct Costs: Consultant Services	\$ -	\$ -	\$ -	
G4. Other Direct Costs: Computer Services	\$ -	\$ -	\$ -	
G5. Other Direct Costs: Subawards	\$ -	\$ -	\$ -	
G6. Other Direct Costs: Other	\$ -	\$ -	\$ -	
G. Total Other Direct Costs	\$ -	\$ -	\$ -	
H. Total Direct Costs (A through G)	\$ -	\$ -	\$ -	
Indirect Costs: Facilities & Administrative	\$ -	\$ -	\$ -	
Indirect Costs: General & Administrative	\$ -	\$ -	\$ -	
Indirect Costs: Name	\$ -	\$ -	\$ -	
I. Total Indirect Costs:	\$ -	\$ -	\$ -	
J. Total Direct and Indirect Costs (H+I):	\$ -	\$ -	\$ -	
K. Fee:	\$ -	\$ -	\$ -	

## Cooperative Support Agreement Budget Worksheet

### **Recipient Preparation Notes**

Please enter any notes or comments regarding your calculations or data submitted for this worksheet.



Yellow Cells:	Manual fill by user		
Blue Cells:	Linked from other worksheets		
Gray Cells:	Auto-calculated		
Recipient Name	0	Funding Year Start	Enter the first day of the funding (project) year being reported in a MI
Name of Facility	0	Funding Year End	Enter the last day of the funding (project) year being reported in a MI

#### Summary of CSA Expenditures

Select CSA Type	For funding year						Inception to date	(CSA Period of Perfo	rmance Start to Fu	und
	NSF Approved Budget	Current Expenditures	Unliquidated Obligations	Total	Unobligated balance	'	NSF Approved Budget	Current Expenditu	Unliquidated Obligations	
. Senior Personnel	\$ -	\$	- \$ -	\$ -	\$	-	\$ -	- \$	- \$	
3. Other Personnel	\$ -	\$	- \$ -	\$ -	\$	-	\$ -	- \$	- \$	
otal Salaries and Wages (A+B)	\$ -	\$	- \$ -	\$ -	\$	-	\$ -	- \$	- \$	
C. Fringe Benefits	\$ -	\$	- \$ -	\$ -	\$	-	\$ -	- \$	- \$	
otal Salaries/Wages/Benefits (A+B+C)	\$ -	\$	- \$ -	\$ -	\$	-	\$ -	- \$	- \$	
). Equipment	\$ -	\$	- \$ -	\$ -	\$	-	\$ -	- \$	- \$	
. Travel	\$ -	\$	- \$ -	\$ -	\$	-	\$ -	- \$	- \$	Г
. Participant Support	\$ -	\$	- \$ -	\$ -	\$	-	\$ -	- \$	- \$	Г
1. Other Direct Costs: Materials and Supplies	\$ -	\$	- \$ -	\$ -	\$	-	\$ -	- \$	- \$	Г
2. Other Direct Costs: Publication/Documentation/Disseming	\$ -	\$	- \$ -	\$ -	\$	-	\$ -	- \$	- \$	Г
G3. Other Direct Costs: Consultant Services	\$ -	\$	- \$ -	\$ -	\$	-	\$ -	- \$	- \$	Г
64. Other Direct Costs: Computer Services	\$ -	\$	- \$ -	\$ -	\$	-	\$ -	- \$	- \$	Г
55. Other Direct Costs: Subawards	\$ -	\$	- \$ -	\$ -	\$	-	\$ -	- \$	- \$	Г
66. Other Direct Costs: Other	\$ -	\$	- \$ -	\$ -	\$	-	\$ -	- \$	- \$	Г
6. Total Other Direct Costs	\$ -	\$	- \$ -	\$ -	\$	-	\$ -	- \$	- \$	
. Total Direct Costs (A through G)	\$ -	\$	- \$ -	\$ -	\$	-	\$ -	- \$	- \$	
Indirect Costs	\$ -	\$	- \$ -	\$ -	\$	-	\$ -	- \$	- \$	Ī
Total Direct and Indirect Costs (H+I):	\$ -	\$	- \$ -	\$ -	\$	-	\$ -	- \$	- \$	
. Fee:	\$ -	\$	- \$ -	\$ -	\$	-	\$ -	- \$	- \$	Ī
SA Period of Performance Start:	Date									ı
SA Period of Performance End:	Date									
urpose of CSA:	Text									

M/DD/YYYY format.

M/DD/YYYY format.

#### rear End)

#### Total

\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-

### Contracts & Consultants Worksheet

ient Preparation Notes
se enter any notes or comments regarding your calculations or submitted for this worksheet.

Yellow Cells:	Manual fill by user			
Blue Cells:	Linked from other worksheets			
Gray Cells:	Auto-calculated			
Recipient Name	0	Funding Year Start	Enter the first day	of the funding (project) year being reported in a MM/DD/YYYY forma
Name of Facility	0	Funding Year Fnd	Enter the last day	of the funding (project) year being reported in a MM/DD/YYYY forma

Contract Information	CSA Cost category	CSA Award Number	Contract #	DUNS number	Contractor Name	City	State	Zip Code	Country	Contract Amount	Cumulative Expenditures to Date	Expenditures During Funding Year	Signed Date of Contract	Contract Type	Period of Performance Start	Period of Performance End	Brief Statement of Work
Contract #1																	
Contract #2																	
Contract #3																	
Contract #4																	
Contract #5																	
Contract #6																	
Contract #7																	
Contract #8																	
Contract #9																	
Contract #10																	
Contract #11																	
Contract #12																	
Contract #13																	
Contract #14																	
Contract #15																	
Contract #16																	
Contract #17																	
Contract #18																	
Contract #19																	
Contract #20																	
Contract #21																	
Contract #22																	
Contract #23																	

### Subawards Worksheet



Recipient Preparation Notes	Yellow Cells:	Manual fill by user		$\gamma$
Please enter any notes or comments regarding your calculations or data submitted for this worksheet.	Blue Cells:	Linked from other worksheets		
	Gray Cells:	Auto-calculated		
	Recipient Name	0	Funding Year Start Enter the first day of the funding (project) year being reported in a MM/DD/YYYY format.	
	Name of Facility	0	Funding Year End Enter the last day of the funding (project) year being reported in a MM/DD/YYYY format.	

Subaward Information	CSA Award Number	Cubouand #	DUBIC mumber	Subrecipient Name	City	State	Zip Code	Country	Subaward Amount	Cumulative Expenditures to	Expenditures During Funding Year	Date of Award	Award type	Period of Performance Start	Period of Performance End	Brief Statement of Work
Subawaru ililomation	Number	Subaward #	DUNS number	Subrecipient Name	City	State	Zip Code	Country	Subaward Amount	Date	Year	Date of Award	Award type	Start	Ena	Brief Statement of Work
Subaward #1																
Subaward #2																
Subaward #3																
Subaward #4																
Subaward #5																
Subaward #6																
Subaward #7																
Subaward #8																
Subaward #9																
Subaward #10																
Subuwai #10																
Subaward #11																
Subaward #12																
Subaward #13																
Subaward #14																
Subaward #15																
Subaward #16																
Subaward #17																
Subaward #18																
Subaward #19																
Subaward #20																
Subaward #21																
Subaward #22																
Subaward #23																

## Indirect Cost Rate Worksheet

for this worksheet.  Gray Cells: Auto-calculated  Recipient Name	Recipient Preparation Notes						Yellow Ce	<mark>lls:</mark> Manual fill by	y user		
Recipient Name Name of Facility O Funding Year Start Funding Year End Check box if use Modified Total Direct Cost (MTDC) as allocation base?  Period of Performance Start Date Performance End Date  Allocation Base S Amount Base S S S S S S S S S S S S S S S S S S S	Please enter any notes or comments regarding your calculations or data submitted for this worksheet.						Blue Cells	Linked from	other wo	rksheets	
Recipient Name  Name of Facility  Check box if use Modified Total Direct Cost (MTDC) as allocation base?  Period of Performance Start Date  Performance End Date  Allocation Base  \$ Amount Base  \$ Amoun							Gray Cells	s: Auto-calcula	ted		
Check box if use Modified Total Direct Cost (MTDC) as allocation base?  Schedule of Indirect Costs  Period of Performance Start Date  Performance End Date  Allocation Base \$ Amount Base  Rate Applied  Total Expended Comments  Facilities & Administrative  Facilities & Administrative							Recipient Nan	ne	C	)	Funding Year Start
Schedule of Indirect Costs  Period of Performance Start Date  Period of Performance Start Date  Period of Performance Start Date  Period of Performance End Date  Start Date							Name of Facil	ity	С	)	Funding Year End
Period of Performance Start Date  Performance End Date  Allocation Base \$Amount Base Rate Applied Total Expended Comments  Description  Facilities & Administrative \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$	Schadula			of Indirect Costs					ect		
Facilities & Administrative \$ - \$ -		Performance	Performance			\$ Amount Base		Total Expen	ided	Commer	nts
						\$	-	\$	-		
General & Administrative \$ - \$ - \$	General & Administrative					\$	-	\$	-		



Enter the first day of the funding (proj

Enter the last day of the funding (proj

## Program Expenditures Worksheet

#### **Recipient Preparation Notes**

Please enter any notes or comments regarding your calculations or data submitted for this worksheet.



Yellow Cells:

Manual fill by user

Blue Cells:

Linked from other worksheets

Gray Cells:

Auto-calculated

Recipient Name

0

Name of Facility

0

Funding Year Start Enter the first day of the
Funding Year End Enter the last day of the

Reconciliation	of	Books	of	Account fo	r all	CSAs	

Current Expenditures by Major Cost Element	Job Cost Ledger	Accrual Adjustments	Current Expenditures	Comments
A. Senior Personnel	\$ -	\$ -	\$ -	
B. Other Personnel	\$ -	\$ -	\$ -	
Total Salaries and Wages (A+B)	\$ -	\$ -	\$ -	
C. Fringe Benefits	\$ -	\$ -	\$ -	
Total Salaries/Wages/Benefits (A+B+C)	\$ -	\$ -	\$ -	
D. Equipment	\$ -	\$ -	\$ -	
E. Travel	\$ -	\$ -	\$ -	
F. Participant Support	\$ -	\$ -	\$ -	
G1. Other Direct Costs: Materials and Supplies	\$ -	\$ -	\$ -	
G2. Other Direct Costs: Publication/Documentation/Disseminat	\$ -	\$ -	\$ -	
G3. Other Direct Costs: Consultant Services	\$ -	\$ -	\$ -	
G4. Other Direct Costs: Computer Services	\$ -	\$ -	\$ -	
G5. Other Direct Costs: Subawards	\$ -	\$ -	\$ -	
G6. Other Direct Costs: Other	\$ -	\$ -	\$ -	
G. Total Other Direct Costs	\$ -	\$ -	\$ -	
H. Total Direct Costs (A through G)	\$ -	\$ -	\$ -	
Indirect Costs: Facilities & Administrative	\$ -	\$ -	\$ -	
Indirect Costs: General & Administrative	\$ -	\$ -	\$ -	
Indirect Costs: Name	\$ -	\$ -	\$ -	
I. Total Indirect Costs:	\$ -	\$ -	\$ -	
J. Total Direct and Indirect Costs (H+I):	\$ -	\$ -	\$ -	
K. Fee:	\$ -	\$ -	\$ -	

	For	Fund	ding	Year
--	-----	------	------	------

Program Budget Summary	Approved Budget	Current Expenditures	Unliquidated Obligations	Total	Unobligated balance
A. Senior Personnel	\$ -	\$ -	\$ -	\$ -	\$ -
B. Other Personnel	\$ -	\$ -	\$ -	\$ -	\$ -
Total Salaries and Wages (A+B)	\$ -	\$ -	\$ -	\$ -	\$ -
C. Fringe Benefits	\$ -	\$ -	\$ -	\$ -	\$ -
Total Salaries/Wages/Benefits (A+B+C)	\$ -	\$ -	\$ -	\$ -	\$ -
D. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
E. Travel	\$ -	\$ -	\$ -	\$ -	\$ -
F. Participant Support	\$ -	\$ -	\$ -	\$ -	\$ -
G1. Other Direct Costs: Materials and Supplies	\$ -	\$ -	\$ -	\$ -	\$ -
G2. Other Direct Costs: Publication/Documentation/Disseminat	i \$ -	\$ -	\$ -	\$ -	\$ -
G3. Other Direct Costs: Consultant Services	\$ -	\$ -	\$ -	\$ -	\$ -
G4. Other Direct Costs: Computer Services	\$ -	\$ -	\$ -	\$ -	\$ -
G5. Other Direct Costs: Subawards	\$ -	\$ -	\$ -	\$ -	\$ -
G6. Other Direct Costs: Other	\$ -	\$ -	\$ -	\$ -	\$ -
G. Total Other Direct Costs	\$ -	\$ -	\$ -	\$ -	\$ -
H. Total Direct Costs (A through G)	\$ -	\$ -	\$ -	\$ -	\$ -
I. Indirect Costs	\$ -	\$ -	\$ -	\$ -	\$ -
J. Total Direct and Indirect Costs (H+I):	\$ -	\$ -	\$ -	\$ -	\$ -
K. Fee:	\$ -	\$ -	\$ -	\$ -	\$ -

#### Inception to date

Approved Budget	Current Expenditures		Unliquidated Obligations		Total	
\$ -	\$	-	\$	-	\$	-
\$ -	\$	-	\$	-	\$	-
\$ -	\$	-	\$	-	\$	-
\$ -	\$	-	\$	-	\$	-
\$ -	\$	-	\$	-	\$	-
\$ -	\$	-	\$	-	\$	-
\$ -	\$	-	\$	-	\$	-
\$ -	\$	-	\$	-	\$	-
\$ -	\$	-	\$	-	\$	-
\$ -	\$	-	\$	-	\$	-
\$ -	\$	-	\$	-	\$	-
\$ -	\$	-	\$	-	\$	-
\$ -	\$	-	\$	-	\$	-
\$ -	\$	-	\$	-	\$	-
\$ -	\$	-	\$	-	\$	-
\$ -	\$	-	\$	-	\$	-
\$ -	\$	-	\$	-	\$	-
\$ -	\$	-	\$	-	\$	-
\$ -	\$	-	\$	-	\$	-

## Accounting Notes Worksheet



The information in this section will be used to identify the awardee's accounting resources utilized to consolidate program expenditures in this collection tool. Please select "Y" or "N" in the column below to identify which accounting documents where referenced as supporting documentation in your submission. If you select "N," please explain your response in further detail and/or submit additional documentation, as necessary, with this tool. Use the "Comment" field to supply NSF with additional information regarding the source or computation of data submitted.

#	Checklist Item	Y/N	Comments/Notes
1	General Ledger		
2	Job Cost Ledger		
3	Chart of Accounts		
4	CA/CSA Budgets (most recently approved)		
5	Negotiated Indirect Cost Rate Agreement (NICRA) (most current)		
6	Fee		

## Certificate of Costs

Recipient Name	
Name of Facility	

Overview: Please complete this tab	to certify that the information included in these worksheets
are based on your current account	ng records and ledgers.
Recipient Name:	C
Current Expenditures:	
Prepared By (Authorized Organizational Representative (AOR) Name):	
AOR Title:	
Certified By (Name of Certifying Official):	
Title of Certifying Official:	
Date:	
	By checking this box, the certifying official named above attests and certifies that all information contained in these worksheets are accurate and applicable to the cooperative agreement and cooperative support agreements identified for this funding period. The data does not include any expenditures that are expressly unallowable according to Office of Budget and Management's Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR 200).

Yellow Cells: Manual fill by user

Blue Cells: Linked from other report tabs

Gray Cells: Auto-calculated

