POLICY COVER SHEET
(See Faculty Staff Handbook 1460 for instructions at UI policy website: www.webs.uidaho.edu/uipolicy)
[3/09]

Faculty/Staff Handbook [FSH] □ Addition □ Revision* □ Deletion* □ Emergency
Minor Amendment □
Chapter & Title: ____________________________________________

Minor Amendment □
Chapter & Title: APM 45.08 Cost Sharing ("Match") on Sponsored Projects
__________________________________________

All policies must be reviewed, approved and returned by a policy sponsor, with a cover sheet attached to apm@uidaho.edu or
fsh@uidaho.edu respectively.

*Note: If revision/deletion request original document from apm@uidaho.edu or fsh@uidaho.edu, all changes must be made using
“track changes.”

Originator(s): Kris Freitag 12/2/2018
(Please see FSH 1460 C)
Name Date
Telephone & Email: 208-885-8994 kfreitag@uidaho.edu

Policy Sponsor: (If different than originator.) Deborah N Shaver
Name Date
Telephone & Email: 208 885 4627 dshaver@uidaho.edu

Reviewed by General Counsel ___Yes __X__No Name & Date: ___________________________________

I. Policy/Procedure Statement: Briefly explain the purpose/reason of proposed addition, revision, and/or
deletion to the Faculty/Staff Handbook or the Administrative Procedures Manual.
Update to replace outdated information with current info.

II. Fiscal Impact: What fiscal impact, if any, will this addition, revision, or deletion have?

None. Changes are needed to comply with findings of a recent NSF desk review.

III. Related Policies/Procedures: Describe other policies or procedures existing that are related or similar to
this proposed change.
APM 45.09 is related and we are requesting updates to that as well.

IV. Effective Date: This policy shall be effective on July 1, or January 1, whichever arrives first after
final approval (see FSH 1460 D) unless otherwise specified in the policy.

If not a minor amendment forward to: ____________________________________________
Track # ____________
Date Rec.: _____________
Posted: t-sheet ______
h/c ______
web ______
Register: ______________
(Office Use Only)

Policy Coordinator
Appr. & Date: ____________________________
[Office Use Only]

FSH
Appr. _____________
FC _____________
GFM _____________
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APM
F&A Appr.: _____________
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