OFFICE OF SPONSORED PROGRAMS

hsc ✢ THE UNIVERSITY of NORTH TEXAS
HEALTH SCIENCE CENTER at FORT WORTH

COST SHARE FORM

Project Title: _____

Principal Investigator: _____ Project ID (if known): _____ Request Type:

Institute/Center (if Applicable): _____ Project Start Date: _____

Sponsor: _____ Project End Date: _____

F&A Rate Proposed/Awarded: _____ Department: _____

Total Proposed/Awarded Sponsor Budget: _____

INSTRUCTIONS

Cost Sharing is a cost incurred in order to perform the project's defined scope of work which is not charged back to the Sponsor. It may be incurred by HSC or by a third party participating in performance of the work. Third Party In Kind cost share are contributions of property or services made by a third party where the value can be readily determined, verified, documented, and justified but where no payment was made. Please remember that any quantifiable cost (mandatory or voluntary) offered in the proposal becomes a legally binding and accountable commitment of the University upon award and all costs must be allowable under Uniform Guidance. This form should be used to identify any cost sharing offered explicitly in the proposal (i.e., faculty/staff effort, personnel,supplies, etc.). ***Note: Salaries over the Sponsor's salary cap do not require a cost sharing form.**

This form must be submitted to the Office of Sponsored Programs at the proposal stage for all types of cost sharing, including faculty/staff effort. If the sponsor has reduced support or other changes are made necessitating a change in cost sharing, please revise the form at the award stage accordingly. Unless a new form is submitted, the last form on file will cover the life of the award. Cost sharing is allowed only in rare situations and typically when it is required as part of the RFA or is included in the grant scoring criteria.

In the event this is a Multi-PI submission, each PI will need to submit their own signed Cost Share form.

COST SHARE DETAILS

Budget Category	Mandatory / Voluntary	Effort %	ChartString	Total Amount (i.e. Salary & Fringe Amt, Non-Payroll Amt, etc.)	Account Holder Signature	Faculty / Staff Name / Notes
Faculty/Staff Effort & $ Amount						
Faculty/Staff Effort & $ Amount						
Faculty/Staff Effort & $ Amount						
Non-payroll (Supplies) $ Amount						
Non-payroll (Other) $ Amount						
Total Direct Costs						
Indirect Cost Sharing $ Amount						
In-kind contributions						
Total Cost Sharing						

1. How will this award benefit the institution?

2. How will this award affect your research program?

3. Is Cost Share a requirement from the Sponsor?   Yes   No   4. Does the RFP/RFA state that cost share will be considered in the scoring criteria?   Yes   No

APPROVALS

Principal Investigator _____ Date _____ Chair or Institute/Center Director _____ Date _____

Dean or Designee _____ Date _____ OSP Reviewer _____ Date _____