

COST SHARE TEMPLATE

Mandatory / Voluntary Committed (*circle one*)

This form **must** have all signatures in place **prior** to submission of any application

Proposal Information:

Submitting PI: _____ Department: _____ School: _____

Sponsor: _____ Project Title: _____

Application Type: New Renewal Resubmission Continuation Project Period (i.e. 5 years, 2 years, etc.) _____

Personnel to be cost-shared on this project:

_____ Faculty Name (Hospital* State)	_____ Percent Effort	_____ Number of Yrs	_____ Account Number
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_____ Faculty Name (Hospital* State)	_____ Percent Effort	_____ Number of Yrs	_____ Account Number
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_____ Faculty Name (Hospital* State)	_____ Percent Effort	_____ Number of Yrs	_____ Account Number
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_____ Faculty Name (Hospital* State)	_____ Percent Effort	_____ Number of Yrs	_____ Account Number
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OTPS ("Other Than Personnel Costs") to be cost-shared on this project consists of the following:

_____ Item	_____ Cost	_____ Number of Yrs	_____ Account Number
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_____ Item	_____ Cost	_____ Number of Yrs	_____ Account Number
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_____ Item	_____ Cost	_____ Number of Yrs	_____ Account Number
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Certifications: Only State and/or Hospital employees can be cost-shared to a project. Your signature below attests to the following:

If this grant is funded, the state allocation will be reduced by the cost-share effort identified above. This effort will be applied to this grant in a cost-sharing account; If funded, the dollars associated with the effort will be transferred to a new cost-share account on the State side, to allow us to conduct required RF reporting through the effort reporting system; If funded, the time committed will not be included as contributions for any other project or program and will not be covered by any other federal award, unless approved by the awarding agency; If funded, the department will document the effort on this award in accordance with institutional policies and procedures.

_____ Chair Signature	_____ Date
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_____ Dean Signature	_____ Date
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_____ Hospital Signatory *	_____ Date
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NOT Required until Just-In-Time stage

_____ Interim Vice President for Finance and CFO Signature	_____ Date
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_____ Operations Manager Signature	_____ Date
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*Signature only applies to Hospital Employees (i.e. Residents and Faculty-type appointments assigned and/or paid from UHB vs. State)