

**UNIVERSITY OF MIAMI – SPONSORED PROGRAMS  
COST SHARING/MATCHING FUNDS STATEMENT**

(Attach this form to proposals containing cost sharing dollars) – Revised November 2002

From \_\_\_\_\_ Department \_\_\_\_\_

To: Applicable office (based on Principal Investigator's department):

Coral Gables-Research Administration Office,       Medical School-Research Admin. Office,  
OR       RSMAS Sponsored Programs Team

REFERENCES:      U M Proposal # \_\_\_\_\_  
(Assigned by Res. Admin\RSMAS team)

Sponsoring Agency \_\_\_\_\_

Proposal Title \_\_\_\_\_

Proposed Support Period \_\_\_\_\_ Total Cost Sharing/  
Matching Funds \$ \_\_\_\_\_

1. **Cost sharing** is the portion of a project or program costs that is not borne by the sponsor.
2. A **sponsored account cannot** be used as a cost sharing account (unless approved in writing by the sponsors).
3. If cost sharing is involved, the proposal budget and budget narrative **must contain detail** of the type of cost, description of the item, and the amount. For example: salaries - name, position title, amount, together with the corresponding fringe benefits & F&A (indirect cost); or, equipment - microscope, amount (no F&A because equipment is not subject to F&A costs).
4. For **in-kind** contributions, list below the name of the company/individual providing the free or discounted service, description & fair value of the contribution. In-kind contributions are always from **external sources**.
5. This form is **not** used to document cost sharing for a) NIH salary cap, or b) fringe benefits on training grants.

For the attached proposal, cost sharing/matching funds will be available from the following sources to pay for the cost sharing expenses identified in the budget and budget narrative:

<u>UM account #</u>	<u>Account Title</u>	<u>Item Description</u>	<u>Amount</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
<b>Total University of Miami Cost Sharing Contribution</b>			<b>\$ _____</b>

In-kind cost sharing contributions from sources outside the University:

<u>Company/Individual</u>	<u>Item Description</u>	<u>Anticipated Value of In-Kind Contributions</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

The undersigned understand that if the award is received, the Post-Award Office will create a separate sponsored account to record and document the University's cost sharing contribution. For in-kind contributions, the PI is responsible for obtaining letters from companies/individuals documenting the type and amount of the in-kind contribution. Once the award is received, the department/school will cost share the amounts shown above. If in-kind contributions do not materialize, the department/school will bear the hard dollar costs of completing the cost share/match identified to the sponsor in the proposal.

	<u>Signatures</u>	<u>Date</u>
Principal Investigator _____	_____	_____
Department Chair or Designee _____	_____	_____
Dean or Designee _____	_____	_____