

ORSP Cost Share Request Form

Proposal Information

| 1-Principal Investigator (Project Manager, Lead Investigator) 2- Proposal Title COST SHARING | | | | | | |
|--|--|---------------------|--|------|-----------------------------|-------------|
| NOTE: *UWG Faculty cannot cost share summe Summer salary must be listed as a separate line listed individually. *** Salary and fringe must | item in the table below | ** | | | | |
| 3- COST SHARING: | | | | | | |
| Detailed Description | UWG Department Account providing funds | | Authorized Approver for Department providing funds (each authorized approver must sign form) | | Required or Voluntary | Amount |
| | | | | | | |
| TOTAL AMOUNT OF SALARY, FRINGE TRAVEL, S | UPPLIES, EQUIPMENT, ET | C. TC | BE COST SHARED BY U | WG: | | \$ |
| 4-In-Kind (or Third Party) Cost Share (source | | | | | | |
| Detailed Description | Partner funding Cost Share Letter of C | | tter of Commitment (N) | · · | | Amount |
| | | | | | | |
| 5- Amount Requested from Sponsor: | . Amount of Cost Sh | ı are: | . Cost Share | · = | % of Spons | or request. |
| 6- Does this program/project support unive | | | | | _ , | |
| 7- Provide a brief explanation of why UWG | | | | | : | |
| PI Signature | Name (printed) | Name (printed) Date | | | | |
| Dept. Chair/Supervisor (if not Academic Affairs) | Name (printed) Date | | | | Date | |
| Dean/Designee | Name (printed) | me (printed) Date | | | | |
| Provost or Applicable V.P. (if cost share is more than \$10,000) Date | | | | Date | | |
| Vice President for Innovation & Research | | | | | Date | |
| October 2021 (v6) | | | | | | |

COST SHARING

Cost sharing is defined as program or project costs not borne by the sponsoring agency. Cost sharing may include contributed effort, other University matching funds, unrecovered facilities and administrative costs (F&A or indirect costs), and third party in-kind contributions.

Cost Sharing occurs whenever part of the proposed project cost is to be borne by the University of West Georgia. UWG reserves the right to limit the amount of "voluntary" cost sharing. Please attach and submit this form with the Proposal routing form.

- **3**-If university funds or resources are being used as a Cost Share or Match, the department providing the funds must be identified and the person with budgetary signing authority for that department must sign as the "Authorized Approver" in the table.
- **4-**A Letter of Commitment is required from all Third Party Cost Shares. The letter must indicate the amount and time period for which the commitment is being made. If salary is part of the cost share, the hourly rate and anticipated hours per week and number of weeks must be clearly indicated in the letter.
- 5-Include the total amount being requested from the Sponsor, the Total amount of the Cost Share and then divide the Cost Share amount by the amount being requested from the Sponsor to determine the percentage for the Cost Share being matched.
- 7-If the Sponsor requires a match please indicate the Cost Share is required and include the percentage or dollar amount they require the university to match. If the Cost Share is voluntary, please provide detail as to why the funds are being volunteered and are not being requested from the sponsor.

SIGNATURES

If the Total Cost Share is \$10,000 or greater, the appropriate University Vice President must sign this form.