

Cost Sharing Authorization Form

Attachment 1 to the CHRMC Office of Sponsored Research Review and Signoff Form

Attach additional copies of this form to document approval of all cost sharing commitments made in the application budget (no Cost Share Commitments not reflected in the budget may be made in the narrative). PI certifies that all costs are in compliance with CHRMC Cost Sharing Policy and applicable Sponsor requirements. Incomplete disclosure and incomplete approval of cost sharing commitments may lead to delays in the proposal approval process or withdrawal of the application for consideration for funding. All Cost Sharing commitments require the approval of the Vice President for Research.

Submission of this form containing the necessary approvals is required at the time institutional signoff of a proposal is initiated. Finance will open the sponsored project account(s) only upon receipt of the awarded budget or award notice and copy of proposal budget justification from the Sponsored Projects Office.

Identifying Proposal Information:

Proposal PI: _____

Proposal Title: _____

Proposed Start Date: _____

Submission Date: _____

REQUESTING DEPARTMENT/DIVISION: _____

Department/Division: _____

Administrator: _____

Principal Investigator: _____

Phone: _____

PI Signature: _____

VP Research Approval: _____

SOURCE OF COST SHARING FUNDS AND AUTHORIZATION: _____

Cost Sharing Approval by: _____

Signature of Authorized Signator: _____

Typed Name

Cost Share funded by?: CUMG or CHRMC

Account #:¹ H.000000

Amount: 0

Costshared Salaries and Wages

Person	Position Title	%FTE	Annual Amount, Incl. Fringes	# years	Mand?
		0.00%	0	1.00	No
		0.00%	0	1.00	No
		0.00%	0	1.00	No

Description of Non-Salary Costshared Items: _____

Amount: 0

Cost Sharing Approval by: _____

Signature of Authorized Signator: _____

Typed Name

Cost Share funded by?: CUMG or CHRMC

Account #:¹ H.000000

Amount: 0

Costshared Salaries and Wages

Person	Position Title	%FTE	Annual Amount, Incl. Fringes	# years	Mand?
		0.00%	0	1.00	No
		0.00%	0	1.00	No
		0.00%	0	1.00	No

Description of Non-Salary Costshared Items: _____

Amount: 0

Cost Sharing Approval by: _____

Signature of Authorized Signator: _____

Typed Name

Cost Share funded by?: CUMG or CHRMC

Account #:¹ H.000000

Amount: 0

Costshared Salaries and Wages

Person	Position Title	%FTE	Annual Amount, Incl. Fringes	# years	Mand?
		0.00%	0	1.00	No
		0.00%	0	1.00	No
		0.00%	0	1.00	No

Description of Non-Salary Costshared Items: _____

Amount: 0

Authorized Signature required for each account. Represents verification that the account number provided is currently valid, guarantees that funds are available to cost share toward the referenced project and certifies that the signatory has signature authority on the referenced account funding the cost sharing amounts on the proposed budget. Department or Division Head Approval is required for CUMG-paid Cost Share commitments.

¹ No Account # required for CUMG-funded Physician Effort Cost Share commitments.