

**UNIVERSITY OF ROCHESTER
PROPOSED COST SHARING COMMITMENT FORM**

Note that this form must be completed for all mandatory cost sharing, regardless of whether the proposal is for research, training or other sponsored activities. It also must be completed for all voluntary committed cost sharing pledged for a research proposal, with the exception of: a) proposals indicating effort on NIH career awards that overlaps with other federal awards and b) effort reported on private foundation awards where there is overlap with other federal awards.

Investigator: _____ Sponsor: _____

Proposal Title: _____

1. University Cost Sharing						
Type of Cost-Sharing:		Voluntary _____			Mandatory _____	
If voluntary, please explain the necessity for University cost sharing						
Category (Identify Personnel by Name)	Year 1 Dates ___ to ___	Year 2 Dates ___ to ___	Year 3 Dates ___ to ___	Year 4 Dates ___ to ___	Year 5 Dates ___ to ___	Source of Cost Sharing or University Account Number
(If dates of cost sharing are less than full budget year, please indicate)						
Personnel <u>Effort</u>						
Staff Benefits @ _____						
Tuition						
Equipment						
Other direct costs (Specify)						
Total Direct Cost						
Indirect Cost @ _____						
Total University Cost Sharing						
Total Cost Sharing Contribution \$ _____						
Total Project Costs (Including University Cost Share Funds) \$ _____						

II. Third Party Cost Sharing (Attach supporting documentation: see instructions)		
<u>Organization</u>	<u>Amount of Cost Sharing</u>	<u>Source of Cost Sharing</u>

