

**OFFICE OF GRANT AND CONTRACT MANAGEMENT
THE UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CENTER AT FORT WORTH
COST SHARING AUTHORIZATION FORM**

(The use of this form is not required unless cost sharing is presented in your proposal to the sponsoring agency)

Date: _____
Principal Investigator: _____ Sponsoring Agency: _____
Proposal Title: _____

The proposed costsharing is Mandatory: and/or Voluntary:
(Voluntary cost sharing must be approved by the VP for Research before proposal submission) Fill out only for Contributed effort

Type*	Inclusive Dates	\$ Amount	Dept ID	Authorizer's Name	Authorizing Signature	Name	EmplID	%Effort

*Cost sharing Types: Indicate the corresponding type by the underscored letter in the Type box above. For example: M = Matching Funds.

Every type of cost sharing requires a justification in the comments section below.

Unrecovered Facilities and Administrative (Indirect) Costs – The standard University indirect cost rate is 45% on campus (26% off campus) modified total direct costs. Unrecovered F&A costs is realized when the sponsoring agency restricts or limits the amount of indirect costs allowed in the proposal. The University strongly encourages that cost sharing in the form of unrecovered indirect costs be presented and committed before cost sharing of in-kind or matching funds. Unrecovered IDC is determined by taking the amount of fully recovered indirect costs less the amount requested.

Matching Funds – Funds set aside to be used towards the research project. Matching funds may be internal University funds or funds received from an external sponsor in support of the project.

In-Kind – For the purpose of this form, “In-Kind” is used only to recognize contributed effort. Contributed effort is the amount of salary that the University pays for a person to spend effort on a research project. The University strongly encourages direct charging the full % effort to the project. A person cannot charge more salary than the % effort (time spent) dedicated to the project. A person may not contribute more than 100% of his/her time. If an individual will not be assigned to a position until a later date, fill in “TBA” in the name and EmplID boxes and estimate the amount of salary.

COMMENTS/JUSTIFICATION FOR COST SHARING:

Chair _____

Dean _____

VP for Research _____