

#### COST SHARE APPROVAL FORM INSTRUCTIONS

Edward Via College of Osteopathic Medicine Office of Research Administration

VCOM will make a cost-sharing commitment only when mandated by the sponsor (required cost sharing). On rare occasions, VCOM administration may commit to cost sharing due to the competitive nature of the award or other factors (voluntary cost sharing). All cost sharing commitments must be reviewed and approved by the Associate Dean and the Provost, Dean and Executive Vice President before the Office of Research Administration will submit the proposal to the sponsor. Note that totals will auto calculate.

# **Personnel Cost Sharing**

**Employee / Department:** All personnel on the proposal whose salaries and fringes will be partially covered, or fully covered, by cost sharing must be listed in this form, along with the name of their home departments.

**Percent Effort:** For each individual, indicate the percent effort that will be covered by cost share. As an example, if Dr. Smith is listed on the budget at 10% effort and VCOM is covering 4% of that effort, the percent effort on this form should be listed as 4%.

**Year:** Identify the proposed budget year(s) in which cost sharing will occur.

**Funding Source:** Indicate from what department the cost sharing or matching is being contributed. This will most likely be the principal investigator's home department, or the home department of the individual listed.

Cost Share Amount: Indicate the total amount per year of the cost sharing for each individual.

## Non-Personnel Cost Sharing

Provide the year, funding source and amount for any cost sharing of equipment, supplies, travel, contractual services, etc. If cost sharing is to be split between two sources of funds, please itemize the amounts separately by source. For example, if a \$10,000 piece of equipment is to be jointly purchased by Clinical and Biomedical Sciences, indicate a \$5,000 amount from the clinical division under "equipment" line item and a \$5,000 amount from the biomedical division under "other" and then identify such under that line item.

#### **Third Party Contribution**

Contributions from other sources (subcontractors, community, etc.) will not be allowed without a signed letter of commitment from an authorized official that details the amount of cost share and the budget period(s) in which the contribution will be made.

### **Facilities and Administrative Costs**

Waived F&A should be calculated against the appropriate direct costs at the negotiated rate (or lower rate if capped by the sponsor). For applications to federal agencies, waived F&A may be included as part of the cost sharing only with the prior approval of the federal agency.

### **Total Approved Cost Share**

Based upon the totals entered into the above sections, the totals will auto-calculate. "Matching Funds" will show if third party contributions have been indicated. All other totals will be reflected in the "Cost Share Amount" total.

#### **Required Signatures**

The PI's Associate Dean and the Provost, Dean and Executive Vice President must each approve and sign the form before ORA will submit the project to the sponsor.

Please contact Greg Reaves for any questions on this form or the application process.

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Office of Research Administration Form Revised: 11/07/13