

UNIVERSITY OF OREGON

Third Party Cost Sharing Contributions

For Completion by Individuals or Organizations Participating in UO Grant Programs.

Thank you, for participating in the following grant program at the University of Oregon. Federal and University policy requires that we request the following information in order to report monetary amounts for third party cost participation to our sponsors. Contributions, to be considered allowable for reporting purposes must be incurred during the grant period (listed below) and must be consistent with the grant sponsor guidelines. Questions regarding allowable costs should be addressed to the Grant Technical Director listed below. Completion examples for this form are on the reverse.

For Individuals: Contributions may include personal time at appropriate rates for the type of services rendered, communication and transportation costs and miscellaneous expenses incurred in direct relationship to the grant for which you were not reimbursed.

For Organizations: Contributions include actual costs for staff time and fringe benefits, services, supplies or other allowable (indirect or administrative costs may be included if you have a federally approved rate) organization costs which were not reimbursed by the grant.

Grant Sponsor: _____ UO Grant Number: _____
Grant Title: _____
Grant Technical Director: _____ Grant Period: _____

Contributions:

Individual:

Personal time: () hours () days () months, Number _____, Value/unit \$ _____ \$ _____
Other expenses \$ _____
Total \$ _____

Organizations:

Staff time and benefits \$ _____
Services, supplies, travel, equipment, other etc. \$ _____
Indirect or Facilities and Administrative costs \$ _____
Total \$ _____

I certify that the third party cost share contribution is not paid for by the Federal government under another Federal award, except where the Federal statute authorizing a program specifically provides that Federal funds made available for such program can be applied to matching or cost sharing requirements of other Federal programs.

Individual name or Organization name (printed) _____
Signature *: _____; Printed name _____
Date _____

* For organizations an administrative officer should sign.

RETURN FORM TO: Sponsored Projects Services
5219 University of Oregon, Eugene, OR 97403-5219
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