**Instructions:** Please read the following information, sign and date this form then forward to the next endorser.

Sponsors sometimes require institutional funds to be committed or cost shared to a project or program budget when submitting a grant application. This form is used to identify and document any cost sharing offered explicitly in the application. Indicating an ‘Approval’ after your name shows that you support the commitment of these funds for the project described.

**Definitions:**

**Cost Sharing:** is a term for the portion of allowable project costs not paid by a sponsoring agency. There are 2 categories of Cost Sharing: 1) Mandatory and 2) Voluntary. Mandatory cost sharing is required by the sponsor as a condition of obtaining an award. Voluntary cost sharing is not a required condition of the award.

Cost sharing can often referred to as “matching funds” or “in-kind contributions”.   These project costs are paid by Children’s or through third party contributions.

* **Matching Funds**: Funds are “match” concurrently with the expenditure of federal or non-federal dollars. An example of matching funds would be cash contributions for salaries and wages.
* **In-Kind Contribution**: A non-cash contribution of the fair market value of goods or services, such as when individuals volunteer their time, equipment, or facilities, which directly benefit the project or program.

To qualify as cost sharing, the contributed costs must be:

* Directly identifiable with the project or program
* Necessary and reasonable for the achievement of the project objectives
* Incurred during the period of performance of the award
* Financed from non-federal sources
* Conform with the requirements of the OMB Circular A-110

**Project Information:**

**Principal Investigator/Program Director**:

**Department(s)/Service Line(s)**:

**Project Title**:

**Funding Agency and/or Program**:

**Grant Submission Deadline**:

**Method of Cost Sharing: Mandatory or Voluntary:**        **Matching or In-Kind**

**Internal Funding Activity#:**

 **Year 1 Year 2 Year 3 Year 4**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Amount** | **Type (salaries, equipment, etc)** | **Amount** | **Type** | **Amount** | **Type** | **Amount** | **Type** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**Please provide brief justification & significance**:

**Signatures:**

Director/VP of Service Line: ( ) Approve ( ) Disapprove

Other Authorized Financial Designee: ( ) Approve ( ) Disapprove

Approver Comments:

**After all signatures, please submit with your grant application.**