



**The University of Texas Rio Grande Valley  
Office of Sponsored Programs  
COST SHARE FORM**

*Complete this form if cost sharing is required, time and effort is committed, or is being changed on an existing project.*

**Principal Investigator / Project Director Name:**

**Project Title:**

**Type of Cost Share**  **Period of Performance:**

**DIRECT COSTS**

| FACULTY/STAFF NAME | REPORTING CYCLE | % EFFORT | SALARIES | FRINGE BENEFITS | TOTAL |
|--------------------|-----------------|----------|----------|-----------------|-------|
|                    |                 |          |          |                 |       |
|                    |                 |          |          |                 |       |
|                    |                 |          |          |                 |       |
| <b>SUBTOTAL</b>    |                 |          |          |                 |       |

| DIRECT COSTS<br>(if allowable under RFP) | DESCRIPTION | TOTAL |
|--|-------------|-------|
| Materials & Supplies                     |             |       |
| Travel                                   |             |       |
| Equipment                                |             |       |
| Scholarships                             |             |       |
| Other (Identify)                         |             |       |
| <b>SUB-TOTAL</b>                         |             |       |

**IN-KIND THIRD PARTY CONTRIBUTORS\***

| NAME                    | VALUATION METHOD | TOTAL |
|-------------------------|------------------|-------|
|                         |                  |       |
|                         |                  |       |
| <b>SUBTOTAL</b>         |                  |       |
| <b>TOTAL COST SHARE</b> |                  |       |

*\* For any third party contributors, a letter or document must be attached with the cost share form. The document(s) must include the authorized representative's signature and dollar amount to be contributed.*

**Source Project No.:**  **Project Name:**

**Principal Investigator's / Director's Signature :** \_\_\_\_\_

**Project (Account) Manager's/ Chair's Name and Signature:** \_\_\_\_\_

**Project (Account) Manager's Supervisor's/ Dean's Name and Signature:** \_\_\_\_\_

**Provost/Division Head Name and Signature:** \_\_\_\_\_

\* A cost share form will be needed for each account committed to a project. You will be required to review and re-certify the above information if the proposal is awarded. If changes must be made, please prepare a new form which reflects the actual cost sharing for the award. Over commitments of contributed time must be addressed immediately.