

UNM Health Sciences Center Cost Sharing Commitment Form

PI: _____ Dept. Name: _____
 Proposal Title: _____
 Banner Org. Code: _____ FP(Funding Proposal) Number _____
 Contact Name & Phone if Questions: _____
 Funding Agency: _____
 Effective cost share period: _____ Start date: _____ End date: _____

A separate form must be completed for each department, school, or college committing cost share funds.

Cost sharing commitments will be in accordance with UNM Business Policies and Procedure 2430 entitled "Cost Sharing on Sponsored Projects." This form must be completed for all proposals which indicate cost sharing whether cash or in-kind, and whether mandatory or voluntary. Voluntary cost sharing included in proposals becomes a contractual obligation, whether or not the final award references the cost share, and hence, is **discouraged**.

1. **Attach a copy of the funding agency guidelines related to the cost sharing requirements. This form will not be approved without the guidelines attached, or an explanation or justification for the cost share.**
2. Indicate the sources of funds for the cost sharing. FOM and Residual are the preferred departmental sources. The commitment may not be restricted funds (example: Contract or Grant revenue).

<u>Item/Faculty/Staff Name</u>	<u>% Effort</u> <u>(if applicable)</u>	<u>Commitment Selection – Indicate Type</u> <u>FOM / Residual / I&G</u>	<u>Amount</u>
Example: Dr. Joe Smith	Example: 5%	Example: Residual	Example: \$7,800
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total Cost Share			_____

3. Provide justification for any cost sharing **in excess of** the required amounts:

4. Complete a separate **Award Budget Sheet** form for the total listed above. A separate restricted cost share Fund and Index number will be set up if the proposal is awarded.

5. Signature of Dept Admin/Acct: _____ Date: _____
 Printed Name: _____

The signature of the Department Chair is required. The Chair hereby indicates in the PreAward Proposal phase that there is an available source of funds for this cost share. After award, the Fiscal Monitor in Post Award Accounting will request a specific unrestricted index number for the transfer of cost share funds from the person who signed block 5 (or their replacement) via email, with a courtesy copy to the PI. No response or reply within 10 business days indicates the Chair approves the transfer from the Chair's residual index. The transfer of funds will occur within each appropriate fiscal year. The Fiscal Monitor will email the signatory in block 5 and the PI 10 business days prior to each transfer.

6. Signature of Chairperson _____ Date: _____
 Printed Name: _____

7. Signature Office of Research _____ Date: _____
 Printed Name: _____

Richard Larson, MD, PhD
 Vice Chancellor for Research HSC
 HSC Executive Vice Chancellor

Submit final form to HSC-PreAward@salud.unm.edu. DO NOT submit directly to Dr. Richard Larson or Melissa Wheeler. PreAward will process through DocuSign and email you the signed form.