

# 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.**
- 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> <small>(if applicable)</small>	<u>Commitment Selection – Indicate Type</u> <b>FOM / Residual / I&amp;G</b>	<u>Amount</u>
Example: Dr. Joe Smith	Example: 5%	Example: Residual	Example: \$7,800
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	Total Cost Share	_____

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

- 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](mailto: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.**