SUNY Downstate Medical Center

Office of Research Administration
Pre-Award Division

COST SHARE TEMPLATE

Mandatory / Voluntary Committed *(circle one)*

This form **must** have all signatures in place **prior** to submission of any application

Proposal Information:

Submitting PI: _____ Department: _____ School: _____

Sponsor: _____ Project Title: _____

Application Type: New ☐ Renewal ☐ Resubmission ☐ Continuation ☐ Project Period (i.e. 5 years, 2 years, etc.) _____

Personnel* to be cost-shared on this project:

Faculty Name (Hospital* ☐ State ☐)	Percent Effort	Number of Yrs	Account Number
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OTPS ("Other Than Personnel Costs") to be cost-shared on this project consists of the following:

Item	Cost	Number of Yrs	Account Number
Item	Cost	Number of Yrs	Account Number
Item	Cost	Number of Yrs	Account Number

Certifications: Only State and/or Hospital employees can be cost-shared to a project. Your signature below attests to the following:

If this grant is funded, the state allocation will be reduced by the cost-share effort identified above. This effort will be applied to this grant in a cost-sharing account; If funded, the dollars associated with the effort will be transferred to a new cost-share account on the State side, to allow us to conduct required RF reporting through the effort reporting system; If funded, the time committed will not be included as contributions for any other project or program and will not be covered by any other federal award, unless approved by the awarding agency; If funded, the department will document the effort on this award in accordance with institutional policies and procedures.

Chair Signature	Date
Dean Signature	Date
(If Applicable) Hospital Signatory *	Date
Operations Manager Signature	Date

*Signature only applies to Hospital Employees (i.e. Residents and Faculty-type appointments assigned and/or paid from UHB vs. State)