

**OFFICE OF RESEARCH ADMINISTRATION  
SAM HOUSTON STATE UNIVERSITY  
COST SHARE FORM**

**SECTION A - PROPOSAL INFORMATION**

Principal Investigator: \_\_\_\_\_  
 Proposal Title: \_\_\_\_\_  
 Sponsor: \_\_\_\_\_  
 College: \_\_\_\_\_  
 Department: \_\_\_\_\_

**SECTION B - BUDGET INFORMATION: Please add additional lines as needed.**

Budget Categories	Fund#	Organization #	Account Code	Program #	Amount Year 1	Amount Year 2	Amount Year 3	Amount Year 4	Amount Year 5	Total
<b>Personnel:</b>										-
<i>Faculty/Staff Name</i>										-
Salary										-
Fringe Benefits										-
<i>Faculty/Staff Name</i>										-
Salary										-
Fringe Benefits										-
<i>Faculty/Staff Name</i>										-
Salary										-
Fringe Benefits										-
<i>Faculty/Staff Name</i>										-
Salary										-
Fringe Benefits										-
Student Wages										-
Student Fringe Benefits										-
<b>Travel</b>										-
<b>Capital Equipment</b>										-
<b>Material &amp; Supplies</b>										-
<b>Other Expenses</b>										-
<b>Unrecovered IDC</b>										-
Total					-	-	-	-	-	-

Does this project contain 3rd party committed cost share?       No       Yes

If yes, please complete the Third-Party Contribution Commitment form or provide commitment letters from the contributing organization detailing what items will be contributed and the market value of the items.

**SECTION C - APPROVALS: (Signatures of persons authorized to approve cost share commitment)**

Principal Investigator(s) \_\_\_\_\_ Date \_\_\_\_\_ College Dean/Dept. Director(s) \_\_\_\_\_ Date \_\_\_\_\_

Associate Vice President for Research Administration \_\_\_\_\_ Date \_\_\_\_\_ Vice President for Academic Affairs \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE OF RESEARCH ADMINISTRATION  
SAM HOUSTON STATE UNIVERSITY  
THIRD-PARTY CONTRIBUTION COMMITMENT**

**SECTION A - PROPOSAL INFORMATION**

Contributing Organization's Name \_\_\_\_\_

SHSU's Principal Investigator: \_\_\_\_\_

Proposal Title: \_\_\_\_\_

Sponsor: \_\_\_\_\_

**SECTION B - BUDGET INFORMATION - Please add additional lines as needed.**

<b>Budget Categories</b>	<b>Amount Year 1</b>	<b>Amount Year 2</b>	<b>Amount Year 3</b>	<b>Amount Year 4</b>	<b>Amount Year 5</b>	<b>Total</b>
Cash						-
Personnel						-
Travel						-
Equipment						-
Material & Supplies						-
Space						-
Other						-
Total	-	-	-	-	-	-

**SECTION C - APPROVALS:** (Signature of contributing organization's authorized persons to approve contributing commitment)

I certify that the above contribution(s) are accurately valued and none of the committed resources are paid from any federal funds nor will be used for any other federally funded program. I further certify that financial and programmatic records will be maintained in accordance with the sponsor requirements and will make available supporting documentation in the event of an audit.

**Contributing Organization's Authorized Official**

Date

\_\_\_\_\_