

OREGON INSTITUTE OF TECHNOLOGY

Third Party Cost Sharing Contributions; For Completion by Individuals or Organizations Participating in Sponsored Projects.

Thank you, for participating in the following grant program at Oregon Institute of Technology. Federal and University policy requires that we request the following information in order to report monetary amounts for third party cost participation to our sponsors. Contributions, to be considered allowable for reporting purposes must be incurred during the grant period (listed below) and must be consistent with the grant sponsor guidelines. Questions regarding allowable costs should be addressed to the Principal Investigator listed below. Completion examples for this form are on the second page.

For Individuals: Contributions may include personal time at appropriate rates for the type of services rendered, communication and transportation costs and miscellaneous expenses incurred in direct relationship to the grant for which you were not reimbursed.

For Organizations: Contributions include actual costs for staff time and fringe benefits, services, supplies or other allowable (indirect or administrative costs may be included if you have a federally approved rate) organization costs which were not reimbursed by the grant.

Grant Sponsor: _____ Grant Award Number: _____

Grant Title: _____

Principal Investigator: _____ Grant Period: _____

Contributions:

Individual:

Personal time: () hours () days () months, Number _____, Value/unit \$ _____ \$ _____

Other expenses \$ _____

Total \$ _____

Organizations:

Staff time and benefits \$ _____

Services, supplies, travel, equipment, other etc. \$ _____

Indirect or Facilities and Administrative costs \$ _____

Total \$ _____

Is the above contributed effort/materials paid for or reimbursed by the Federal Government? Yes No

If yes, list the Federal source, their % of participation and CFDA # if known: _____

Individual Name or Organization Name (printed) _____

Signature *: _____ Date: _____

Printed Name: _____

* For organizations an administrative officer should sign.

RETURN FORM TO: **Business Affairs Office**
 Attn: Grants Accountant
 3201 Campus Drive
 Klamath Falls, OR 97601

Examples for Third Party Cost Sharing Contributions

EXAMPLE for an INDIVIDUAL

Grant Sponsor: National Science Foundation Grant Award Number: EMC 0112345
Grant Title: Biomass Monitoring in the Willamette Valley
Principal Investigator: Edwin Johnson Grant Period: June 1, 2001 – May 31, 2004

Contributions:

Individual:

Personal time: () hours (X) days () months, Number: 20 Value/unit: \$ 100 \$ 2,000
Other expenses \$ 45
Total \$ 2,045

Organizations:

Staff time and benefits \$ _____
Services, supplies, travel, equipment, other etc. \$ _____
Indirect or Facilities and Administrative costs \$ _____
Total \$ _____

Is the above contributed effort/materials paid for or reimbursed by the Federal Government? Yes No

If yes, list the Federal source, their % of participation and CFDA # if known: _____

Individual Name or Organization Name (printed): Marilyn Marsh

Signature * : _____, Date: 3/9/11

Printed Name: Marilyn Marsh

* The contributing individual should sign; for organizations an administrative officer should sign.

EXAMPLE for an ORGANIZATION

Grant Sponsor: National Science Foundation Grant Award Number: EMC 0112345
Grant Title: Biomass Monitoring in the Willamette Valley
Principal Investigator: Edwin Johnson Grant Period: June 1, 2001 – May 31, 2004

Individual:

Personal time: () hours () days () months, Number _____, Value/unit \$ _____ \$ _____
Other expenses \$ _____
Total \$ _____

Organizations:

Staff time and benefits \$ 7,500
Services, supplies, travel, equipment, other etc. \$ 675
Indirect or Facilities and Administrative costs \$ 2,300
Total \$ 10,475

Is the above contributed effort/materials paid for or reimbursed by the Federal Government? Yes No

If yes, list the Federal source, their % of participation and CFDA # if known: _____

Individual Name or Organization Name (printed): Mid-Willamette Environmental Consortium

Signature * : _____, Date: 3/29/11

Printed Name & Title: Rick Smith, Director

* The contributing individual should sign; for organizations an administrative officer should sign.