## IN-KIND COST SHARING CONTRIBUTION REPORT

This form details non-cash cost sharing or third party matching support. Principal Investigator: Proposed OSP Assigned Number: \_\_\_\_\_ ☐ Actual Oracle Award Number: \_\_\_\_\_ Sponsor Project ID: \_\_\_\_\_ Project Title: **I. Volunteer Services Fair-Market Value of Services Total In-Kind Contribution** \$ per hour hours worked \$ \$ \$ \$ \$ **Total In-Kind Contribution II. Donated Supplies Fair-Market Value of Supply Item** \$ per item item count \$ \$ \$ \$ \$ **Total In-Kind Contribution** III. Subcontractor Match \$ \$ \$ \$ \$ IV. Equipment In-Kind: (Donated to this specific grant) Fair-Market Value **Total In-Kind Contribution** List the type of equipment, and attach a letter to support this donation. \$ \$ V. Use of Donated Non-University Space **Total In-Kind Contribution** Total In-Kind cost sharing contribution of donated non-university space is to be \$ based upon the fair rental value. \$ VI. Other / Miscellaneous Contributions Please attach a schedule of any miscellaneous items to be included as In-Kind contributions which are not listed above. GRAND TOTAL IN-KIND CONTRIBUTIONS (I + II + III + IV + V + VI) If additional space is needed, please attach an additional page. I certify to the best of my knowledge and belief that this report is correct and complete in accordance with UAB policy. **Principal Investigator** Date Associate V.P. Finance or Designee Date

Updated: 10/06/2016