Date: August 22, 2013

Subject: Third Party Cost Sharing Contributions, Award Number [MSNXXXXXX]

Principal Investigator: [Name of PI]

Award Title: [Title/description of award]

To: University of Wisconsin-Madison

This letter and accompanying documentation serves to document our organization’s cost share contributions in support of University of Wisconsin – Madison award number [MSNXXXXXX].

[Please provide a description of the tasks achieved or deliverables completed]

Total cost share contribution: $\_\_\_\_\_\_\_\_\_, as detailed on the attached schedule.

I hereby certify that I am an official authorized signatory for the [insert organization’s name]. I declare that the claimed costs were necessary and reasonable in connection with the work objectives and allowable under the applicable cost principles. They may be verified from our records.

SIGNATURE OF OFFICIAL

PRINT TITLE OF OFFICIAL

CC: Principal Investigator
 Department Administrator
 RSP Post-Award Accountant

Please complete the following table, or provide equivalent detail from your records:

THIRD PARTY COST SHARE DETAIL

Date of Award: [start date] to [end date]

**Note: Cost share must have taken place within the dates of the award.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  | SUBTOTAL | TOTAL |
| **1.** | Non-labor Cost Share Claimed (please supply detail taken from your accounting system): |   |   |
|  |  |  |  |  |  |  | $0.00 |   |
| **2.** | Labor Cost Share Claimed (please use following or provide similar level of detail): |   |   |
|   |  |  |  |  |  |  |   |   |
|   | Last Name, First Name  | Type of Work | Work Date(s) | Hours Worked | Rate of Pay (include Fringe Benefits, if applicable) | Amt Claimed Per Work Period |   |   |
|   |  |  |  |  |  | $0.00 |   |   |
|   |  |  |  |  |  | $0.00 |   |   |
|   |  |  |  |  |  | $0.00 |   |   |
|   |   |   |   |   |   |   | $0.00 |   |
| **3.** | Facilities and Administrative (F&A) Costs (where organization has a negotiated F&A rate):  |   |   |
|   |  |  |  |  |  |  |   |   |
|   | Approved F&A %: | 0.00% |  |  |  |  |   |   |
|   | Base Amount: | 0.00 |  |  |  |  | $0.00 |   |
|   |   |   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |   | $0.00 |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |