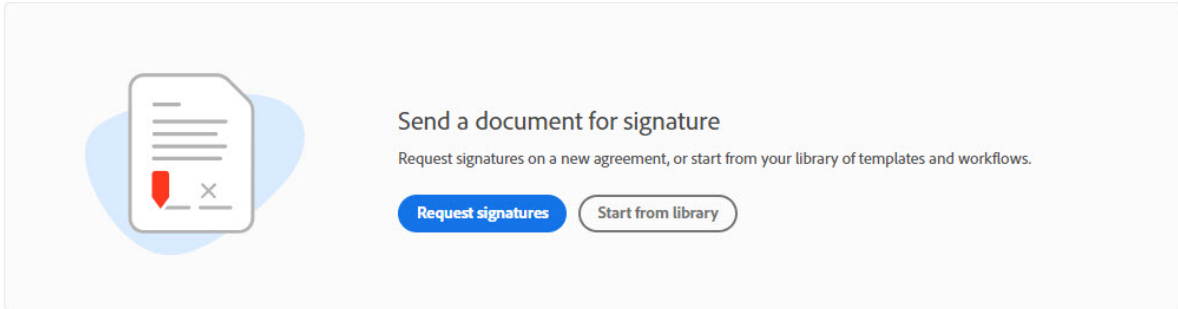
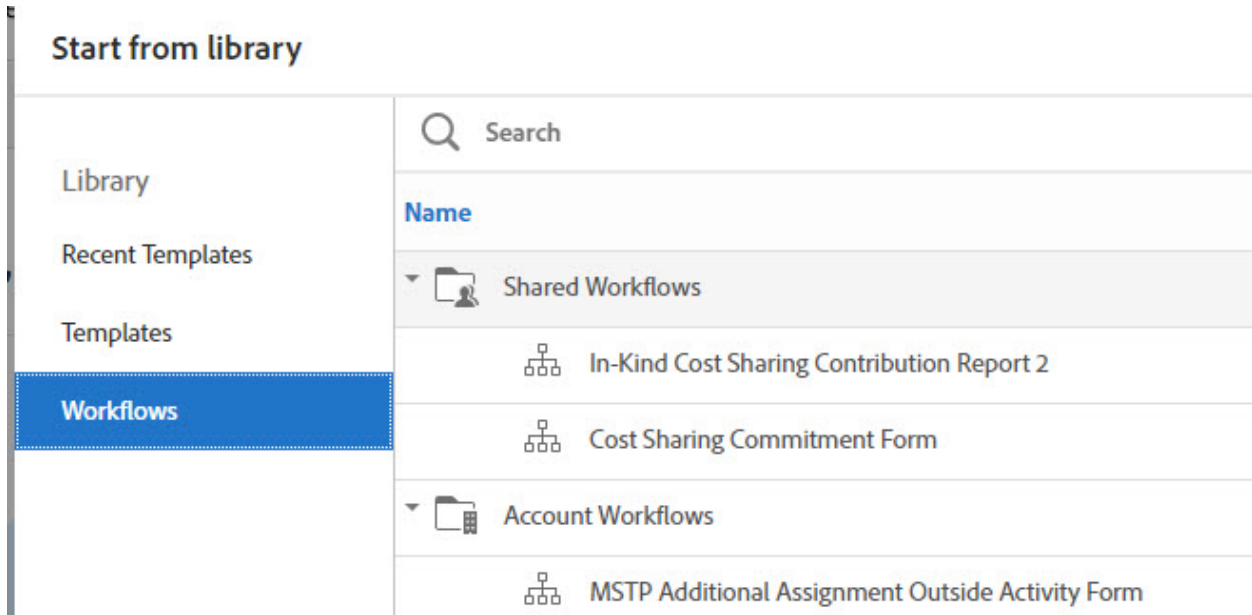


# Cost Sharing Commitment Form Adobe Sign Guide

In Adobe Sign choose Start from library.



Select Workflows and search for the Extramural Support Checklist. Once highlighted select start at the lower right hand of the page.



Enter all the names that need to sign. The Department Personnel completing the checklist will go in the first spot. The Principal Investigator (PI) and Chairman signatures are required. Add Dean as required. If the signature field is blank, then the signature will be neither required nor able to be added later. The emails will need to be BlazerID@uab.edu in order to have the correct signatures.

**Recipients**



Signer \*

✉ Email 💬

Principal Investigator \*

✉ Email 💬

Chairman \*

✉ Email 💬

Dean

✉ Email 💬

Document Name \*

Message \*

**When you select Send at the bottom it will begin the processing of the checklist.**

Files

Document \* Extramural Checklist 120120

**Send**

**When you see the following page and start, most areas are required.**

Start

**Office of Sponsored Programs**  
 Phone: (205) 934 - 5266  
 Email: osp@uab.edu

**COST SHARING COMMITMENT FORM**

Cost sharing indicates the use of institutional funds to supplement a sponsor's support of a project. This form should be used for cost sharing commitments in proposal budgets and must be submitted to the Office of Sponsored Programs (OSP) along with the proposal and the UAB Extramural Support Checklist. *Please refer to page 2 for definitions.* Your proposal cannot be processed unless this form is submitted for projects that involve cost sharing. **If this is a revision of a previously submitted cost sharing commitment form, please provide documentation (a revised budget and / or a letter to the sponsor).**

Principal Investigator *			OSP Assigned No.	
Contact Person *	Email *		Phone *	
Project Title *				
Sponsor Name	Sponsor Project ID			
Project Period	12/01/2020	Budget Period	12/01/2020	GA Acct *
Mandatory Amount <i>Required by Sponsor</i>	+ Voluntary Amount <i>Quantified in Proposal</i>			= Total Amount

At the end of the document, you will be able to add any other attachments that you need for internal review.

Justification

**Signatures**

Principal Investigator \_\_\_\_\_ Date \_\_\_\_\_ Chairman \_\_\_\_\_ Date \_\_\_\_\_

Dean \_\_\_\_\_ Date \_\_\_\_\_

[Click to Attach File Attachment 1](#)

**Dean and Chairman:** Signing this form represents verification that the source (general ledger) account numbers provided are currently valid and guarantees that funds are readily available to cost share towards the referenced project upon award.

Once all the required areas are completed, a Submit button will appear. It will begin to route for signature once the Submit button pushed.

The university strongly discourages cost sharing or equipment and space.

Justification

**Signatures**

Principal Investigator \_\_\_\_\_ Date \_\_\_\_\_ Chairman \_\_\_\_\_ Date \_\_\_\_\_

Dean \_\_\_\_\_ Date \_\_\_\_\_

[Click to Attach File Attachment 1](#)

**Dean and Chairman:** Signing this form represents verification that the source (general ledger) account numbers provided are currently valid and guarantees that funds are readily available to cost share towards the referenced project upon award.

If in-kind cost sharing is involved, please complete the In-Kind Cost Sharing Contribution Report. If multiple account numbers are used, as a source of cost sharing, please use a separate form for each department.

Cost Sharing Commitment 1 Form Version: 03.09.2020

**Office of Sponsored Programs**

*I agree to the [Terms of Use and Consumer Disclosure](#) of this document*

[Submit](#)

The Signatory will receive an email asking them to review and sign.

# Extramural Support Checklist

Review and sign

Please review and sign the Extramural Support Checklist.

It will require a Digital Signature using blazer names and passwords. The Signatory may be required to add their name if required to do so before they can sign. Press start to begin.

Email: osp@uab.edu

### COST SHARING COMMITMENT FORM

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Principal Investigator	t			OSP Assigned No.	
Contact Person	t	Email	t	Phone	t
Project Title	t				

Once the signatory completes any required field, they will see the Submit and Proceed to Sign button.

### COST SHARING COMMITMENT FORM

Cost sharing indicates the use of institutional funds to supplement a sponsor's support of a project. This form should be used for cost sharing commitments in **proposal budgets** and must be submitted to the Office of Sponsored Programs (OSP) along with the proposal and the UAB Extramural Support Checklist. *Please refer to page 2 for definitions.* Your proposal cannot be processed unless this form is submitted for projects that involve cost sharing. **If this is a revision of a previously submitted cost sharing commitment form, please provide documentation (a revised budget and / or a letter to the sponsor).**

Principal Investigator	t			OSP Assigned No.	
Contact Person	t	Email	t	Phone	t
Project Title	t				
Sponsor Name			Sponsor Project ID		
Project Period	12/01/2020	Budget Period	12/01/2020	GA Acct	t
Mandatory Amount <small>Required by Sponsor</small>		+ Voluntary Amount <small>Quantified in Proposal</small>		= Total <small>Amount</small>	0

I agree to the [Terms of Use and Consumer Disclosure](#) of this document

Submit and Proceed to Sign

They will need to download the document in order to sign it.

## Just a few more steps

To finish signing, you'll need to download the agreement, open it in Adobe Acrobat or Acrobat Reader, and provide a digital certificate.

[Download Document](#)

Once downloaded they will click the space to sign.

**The University strongly discourages cost sharing of equipment and space.**

Justification

Signatures

Click here  
12/01/2020

Principal Investigator

Date

Chairman

They will add the blazer password in order to sign the document.

[View Certificate Details](#)

Review document content that may affect signing [Review](#)

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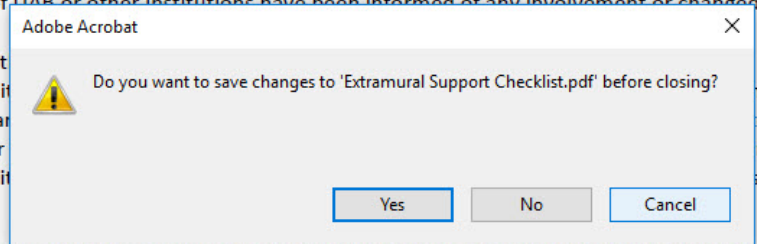
[Back](#) [Sign](#)

Principal Investigator \_\_\_\_\_ Date \_\_\_\_\_

For NIH projects with Multiple PD/PI's, NIH requires signature from all individuals serving in this role (PD/PI). This is not rec of Co-Investigators.

When asked to save the changes, please do so.

aware of the [University's Patent Policy](#) and agree to comply with its terms;  
 aware of the [UAB Enterprise Conflict of Interest and Conflict of Commitment Policy](#) and the [Responsible Personnel list and Instr](#)  
 comply with the terms and requirements respectively.  
 appropriate individuals and units of UAB or other institutions have been informed of any involvement or changed involvement the  
 project;  
 sub recipients are able to perform the work; I have ensured that information submitted is true and accurate. I have not been debarred, am not aware of any debarment, and I am not aware that any false, fictitious, or fraudulent information has been submitted. As a PD/PI, I agree to accept responsibility for the result of this submission.



projects involving Centers must have the signature of the Department Chair and Dean of the Principal Investigator's primary faculty  
 appointing unit, in accordance with number 1 on page 1, should normally be the primary appointment of the Principal Investigator,

Timothy Parker Digitally signed by Timothy Parker  
Date: 2020.11.24 14:02:15 -08'00' [Click here to sign](#) 11/24/2020

Director/Principal Investigator  
 Signature is required. No "per" signatures allowed.

Date

For NIH projects with Multiple Principal Investigators, the Contact PI must be the Contact PI.

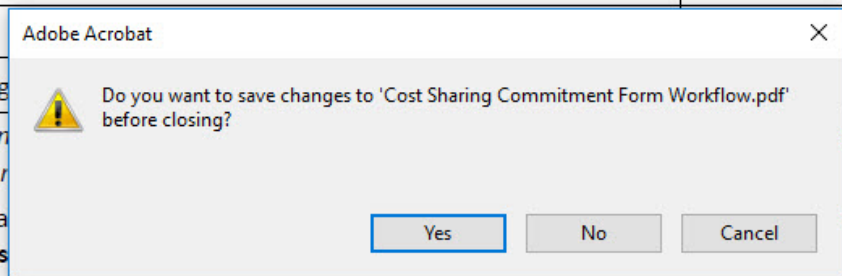
Signature

Name

For NIH projects with Multiple PD/PI's, NIH requires a signature from each PI.

**When closing the pdf, when asked to save please do so.**

Contracts			
Reimbursement Cost Shared by Unit			
Indirect F&A (Unfunded Indirects on MCS account)			
Proposed Cost Sharing			0
<i>This column is for New, Continuing, and Renewal awards only. Do not complete this column for Non-Federal awards made by the University. The University strongly discourages cost sharing with non-sponsors.</i>			



**The parties will receive the attachment in an email. Please now email the Cost Sharing Commitment Form and other required document to [osp@uab.edu](mailto:osp@uab.edu).**