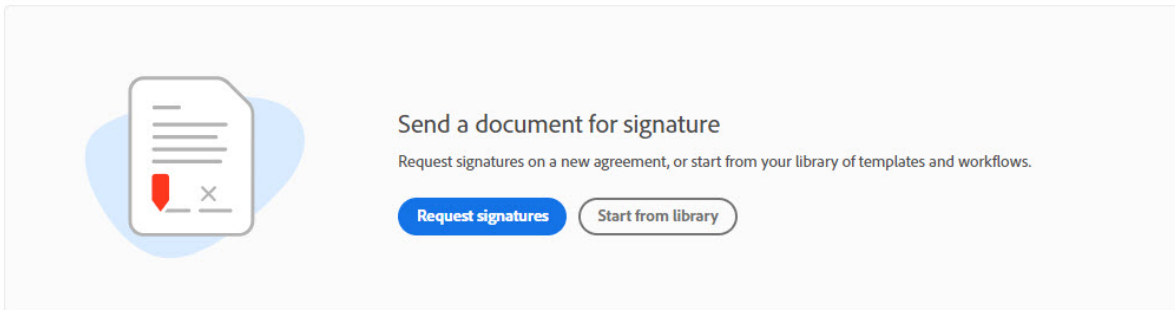





# In-Kind Cost Sharing Contribution Form Adobe Sign Guide

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.

Start from library

	Search
	Name <span style="float: right;">Last Modified</span>
Library	
Recent Templates	
Templates	
<b>Workflows</b>	
	Shared Workflows
	 In-Kind Cost Sharing Contribution Report 2 <span style="float: right;">09/15/2020</span>
	 In-Kind Cost Sharing Contribution Form <span style="float: right;">12/01/2020</span>
	 Cost Sharing Commitment Form <span style="float: right;">12/01/2020</span>

Enter all the names that need to sign. The Department Personnel completing the checklist will go in the first spot. The Principal Investigator (PI) signature is required. Add Associate V.P. of Finance or Designee 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.

# In-Kind Cost Sharing Contribution Report

How this workflow works?  
Enter instruction for sender...

## Recipients



Department Personnel \*

Myself Email

Program Director/Principal Investigator \*

tmparker@uab.edu Email

Associate V.P. Finance or Designee

Enter recipient email Email

Agreement Name \*

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

Files

Document \* In Kind Cost Sharing Form

Send

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

Start

### 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	

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

<b>GRAND TOTAL IN-KIND CONTRIBUTIONS (I + II + III + IV + V + VI)</b>	\$ <span style="background-color: yellow; border: 1px solid black; padding: 2px 20px;"></span>
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
<a href="#">Click to Attach File Attachment 1</a>	Updated: 10/06/2016

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

<b>II. Donated Supplies</b>	<b>Fair-Market Value of Supply Item</b>		<b>Total In-Kind Contribution</b>
	\$ per item	item count	
<b>III. Subcontractor Match</b>			<b>Total In-Kind Contribution</b>
<i>I agree to the Terms of Use and Consumer Disclosure of this document</i>			<a href="#" style="background-color: blue; color: white; padding: 5px 15px; border-radius: 10px;">Submit</a>

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

## Extramural Support Checklist

Review and sign

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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.



### IN-KIND COST SHARING CONTRIBUTION REPORT

This form details non-cash cost sharing or third party matching support.

Principal Investigator: t  Proposed

OSP Assigned Number: \_\_\_\_\_  Actual

Oracle Award Number: \_\_\_\_\_ Sponsor Project ID: \_\_\_\_\_

Project Title:  
t

I. Volunteer Services	Fair-Market Value of Services		Total In-Kind Contribution
	\$ per hour	hours worked	

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

**IN-KIND COST SHARING CONTRIBUTION REPORT**  
This form details non-cash cost sharing or third party matching support.

Principal Investigator: t  Proposed

OSP Assigned Number: \_\_\_\_\_  Actual

Oracle Award Number: \_\_\_\_\_ Sponsor Project ID: \_\_\_\_\_

Project Title:  
t

I. Volunteer Services	Fair-Market Value of Services		Total In-Kind Contribution
	\$ per hour	hours worked	

*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.

based upon the fair rental value.

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**VI. Other / Miscellaneous Contributions**

Please attach a schedule of any miscellaneous items to be included as In-Kin

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**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 corre





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Principal Investigator Date Associ

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

[View Certificate Details](#)

Review document content that may affect signing

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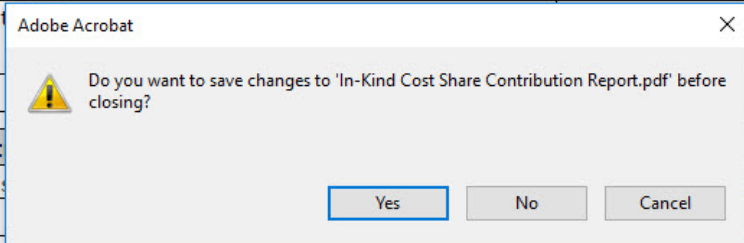
al Investigator Date

For NIH projects with Multiple PD/PI's, NIH requires signatur  
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.

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

<b>IV. Equipment In-Kind: (Donated to this specific grant) Fair-Market Value</b>	<b>Total In-Kind</b>
List the type of equipment, and attach a letter to support this donation.	
<b>V. Use of Donated Non-University Space</b>	<b>Total In-Kind</b>
Total In-Kind cost sharing contribution based upon the fair rental value.	
<b>VI. Other / Miscellaneous Contributions</b>	
Please attach a schedule of any miscellaneous contributions 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 the information provided.

**The parties will receive the attachment in an email. Please now email the In-kind Cost Sharing Contribution Form and other required document to osp@uab.edu.**