

### Cost Sharing Request

*This form must be submitted to [spa@bvari.org](mailto:spa@bvari.org) for review and approval of all mandatory committed cost sharing or over-the-cap salary requirements prior to proposal submission in accordance with the [Cost Sharing Policy](#).*

Principal Investigator (PI)  
 Sponsor Name  
 Proposal Deadline  
 Proposal Guidelines (or [Click here to attach](#)) or enter URL:  
 Project Title  
 Proposed Period of Performance  
 Proposed Award Amount  
 Over-the-Cap Salary Cost Sharing      Yes      No  
 Required Cost Sharing Amount

*(Please enter cost sharing details below for all Cost Sharing Source Types, excluding Over-the-Cap Salary Cost Sharing.)*

Cost Sharing Source Type	Amount	Additional Information*	Attachments (if required*)
<i>Cost Sharing Total (= Required Cost Sharing Amount)</i>			

- \* Additional information and attachments needed based on source type:**
- **Residual Funds (“Z” Account):** Enter “Z” account and PI name (if not proposing PI)
  - **Sponsored Contributions (or Matching Funds):** Enter non-federal sponsor account and attach sponsor approval to use as matching
  - **In-Kind:** Enter source and attach supporting documentation
  - **Subrecipient:** Enter subrecipient name(s)
  - **Indirect Costs** (under-recovery or based on “Z” account cost share source)

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 Principal Investigator  
  
 Principal Investigator *(for “Z” account, if different from proposer)*  
  
 BVARI Sponsored Programs Administration