UNIVERSITY OF ALASKA ANCHORAGE

**Third Party Cost Sharing Contributions**

**For Completion by Individuals or Organizations Participating in UAA Grant Programs.**

Thank you, for participating in the following grant program at the University of Alaska Anchorage. Federal and University policy requires that we request the following information in order to report monetary amounts for third party cost participation to our sponsors. Contributions, to be considered allowable for reporting purposes must be incurred during the grant period (listed below) and must be consistent with the grant sponsor guidelines. Questions regarding allowable costs should be addressed to the Grant Technician listed below. Completion examples for this form are included.

**For Individuals**: Contributions may include personal time at appropriate rates for the type of services rendered, communication and transportation costs and miscellaneous expenses incurred in direct relationship to the grant for which you were not reimbursed. **Base rate is $19.83 for inexperienced volunteers FY2019 (2019-2020).**

**For Organizations**: Contributions include actual costs for staff time and fringe benefits, services, supplies or other allowable (indirect or administrative costs may be included if you have a federally approved rate) organization costs which were not reimbursed by the grant.

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Grant Sponsor NOAA/NMFS Grant Award Number: NA19NMF4390158

Strengthening of Alaska’s Marine Mammal Stranding Program through a Statewide Stranding Coordinator for level A - C Response with Improved Data and Sample Management

Grant Technician: Kala Hansen Grant Period: 10/01//2019 – 09/30/2020

**Contributions:**

**Individual:**

Personal time: ( ) hours ( ) days ( ) months, Number \_\_\_\_\_ , Value/unit $ $ \_\_\_\_\_\_\_\_\_\_

Other expenses: list type of expense $ \_\_\_\_\_\_\_\_\_\_

Total $ \_\_\_\_\_\_\_\_\_\_

**Organizations:**

Staff time and benefits $ \_\_\_\_\_\_\_\_\_\_

Services, supplies, travel, equipment, other etc. $ \_\_\_\_\_\_\_\_\_\_

Indirect or Facilities and Administrative costs $ \_\_\_\_\_\_\_\_\_\_

Total $ \_\_\_\_\_\_\_\_\_\_

Individual name or Organization name (printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\* Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\* For organizations an administrative officer should sign.

**RETURN FORM TO: Natalie Rouse,** **avps.natalie.rouse@gmail.com**

**Or Grants and Contracts**

 **University of Alaska Anchorage**

 **PO Box 141628**

 **Anchorage, AK 99514-1628**

Examples

**Third Party Cost Sharing Contributions**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# EXAMPLE for an INDIVIDUAL

Grant Sponsor: **National Science Foundation**  Grant Award Number: **OPP 0112345**

Grant Title: **Tundra Plant Exploration**

Grant Technician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grant Period: **June 1, 2001 – May 31, 2004**

**Contributions:**

**Individual:**

Personal time: ( ) hours (**X**) days ( ) months, Number: **20** Value/unit: $ **100** $ **2,000**

Other expenses: list type of expense $ **45**

Total $ **2,045**

Individual name or Organization name (printed):  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\*\*Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\* The contributing individual should sign.

# EXAMPLE for an ORGANIZATION

Grant Sponsor: **National Science Foundation**\_\_\_\_\_\_\_\_\_\_\_ Grant Award Number: **OPP 0112345**

Grant Title: **Tundra Plant Exploration**

Grant Technician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grant Period: **June 1, 2001 – May 31, 2004**

**Organizations:**

Staff time and benefits $ **7,500**

Services, supplies, travel, equipment, other etc. $ **675**

Indirect or Facilities and Administrative costs $ **2,300**

Total $ **10,475**

Individual name or Organization name (printed): **Pacific Research Consortium**

\*\* Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_

\* For organizations an administrative officer should sign.