

**COST-SHARING/MATCH REPORT FORM  
WINSTON SALEM STATE UNIVERSITY**

Reports of cost-sharing/match must be submitted to Contracts and Grants Accounting in accordance with the Cost-Sharing/Match Policy.

PI Name:

PI Dept/Center/School:

Title of Proposal:

Sponsor Name:

Project Start Date:

Project End Date:

**REPORTING PERIOD:**

In-Kind Faculty Salaries (Indicate Name)	Source (School, Dept, Center)	Account # (Must Include)	Base Salary	%Effort	\$Amount Toward Project	Fringes Calculated on % of Salary	Indirect Costs Calculated on % of Salary	Total
Valerie Howard			\$	%	\$	\$	\$	\$
			\$	%	\$	\$	\$	\$
			\$	%	\$	\$	\$	\$
			\$	%	\$	\$	\$	\$

In-Kind Staff: \$

Account #(s)

In-Kind Students: \$

Account #(s)

Cash Contributions (Travel, Supplies, etc): \$

Account #(s)

Third-Party In-kind: \$

Grand Total: \$

- NOTES:** NOTES: 1) Insert data for in-kind, cash and third-party contributions  
2) Attach Third-Party contribution statement of certification of cost-sharing/match for this reporting period.  
3) Documentation for this cost-sharing/match must already be on file (Personnel/Budget Action Forms, Purchase Requisitions, Travel, etc.).

Approvals:

\_\_\_\_\_ Date:  
PI/PD

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

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

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

Provost & VC for Academic Affairs

NOTE: Person(s) who are responsible for cost-sharing/match resources must sign, along with the Principal Investigator (PI) responsible for this report.