



**CERTIFICATION OF FULFILLMENT OF NON-SUBCONTRACT
THIRD PARTY COST SHARING COMMITMENT**

A. Award Information (to be completed by PI, department, or RCA)

1. PI Name: _____ 2. Agency: _____
3. R Fund #: _____ 4. Agency ID/Award#: _____
5. Project Title: _____
6. Project period: **FROM** _____ **TO** _____

B. Cost Sharing Commitment (to be completed by PI, department, or RCA)

1. Provider: _____
2. Description: _____
3. Type of commitment (check all that apply)
 Services Equipment Donation Equipment Loan Other
4. Value (per proposal commitment): \$: _____

C. Certification (to be completed by PI)

I hereby certify that the above cost sharing commitments were provided during the project and should be considered fully met.

Signature: _____ Date: _____

Name: _____

Completed certification form should be sent to Research and Cost Accounting MS-74 or sent via email to rchacctg@rice.edu.