

**The University of Rhode Island
Third Party Cost Sharing
Statement of University/Industry/Government/School/Citizen**

URI Project Number: _____

URI Contact (PI): _____

I have contributed to the URI Research Program (*name of project*): _____

Name (*please print*): _____ Title: _____

Name of firm/agency/group: _____

Address: _____

Type of contribution: _____

Description of equipment/service/vessel involved:

Value of equipment/service/vessel time: _____
(refer to OMB Circular A-110 Subpart C, paragraph 23 for valuation)

Dates involved: _____

Number of hours/days: _____

Comments: _____

Contributor Authorized Signature *Date*

URI PI Signature *Date*

Please return completed statement of cost sharing to:

Attn:
Grant & Contract Accounting
70 Lower College Road
Kingston, RI 02881-0811