

Definitions of Third- Party In-kind Contributions

Third party in-kind contributions are the value of non-cash contributions provided by non-Federal sources. Third party in-kind contributions are donations of property, equipment, materials or services used to meet the matching requirement of an awarding agency. Contributions are given to a specific grant or contract by an individual or group and must directly benefit the project. These contributions do not include GW Facilities and Administrative (indirect) cost.

Third -party contributions must be necessary and reasonable for the project, and allowable per 2 CFR 200 Uniform Guidance Subpart E - Cost Principles. See sections 200.306 cost sharing or matching (b), (d) - (j).

There are two types of third-party contributions:

1/ Cash-matching third-party contributions are funds **(cash)** from a source other than GW or the sponsoring agency. Cash contributions, once deposited into a GW Grant or Gift budget are accounted for in the same manner as other cost shared contributions that are provided by the university.

2/ In-kind third-party contributions include any **(non-cash)** contribution to a grant/contract from other sources. (e.g. personnel effort/services, supplies, materials etc.)

Purpose of the Form

The internal and external form will be used by the Principal Investigator to fulfill the matching requirements of the contractual agreement. The form will document noncash contributions and serve as backup for third party contributions in conjunction with any supplemental documents (e.g. memorandum , emails, etc.)

Completing the Form

To complete the internal in-kind form, determine the value of each contribution by filling in the appropriate boxes.

For donated goods and services: provide a description, date and value of service.
The Principal Investigator and Finance Director are required to certify the form.

To complete the external in-kind form, determine the value of each contribution by filling in the appropriate boxes.

For donated goods and services: provide a description, date, value of service and supplemental memo acknowledging the contribution.
The Principal Investigator is required to certify in-kind form.

To complete the Volunteer form provide the following (one form per person) PI and volunteer signature required.

Service performed, location of service, date & time worked, total hours worked, rate of pay and total value of service.
The Principal Investigator and volunteer are required to certify time log.



Internal In-Kind Contribution Form

DATE:	
PRINCIPAL INVESTIGATOR:	
SPONSOR NAME:	
SPONSOR NUMBER:	
PROJECT PERIOD:	
REPORTING PERIOD:	
GWU AWARD NUMBER:	

On behalf of **George Washington University**, I commit the following resources to the above project as matching.
 Valuation of this contribution is as follows:

	Description of Donated Goods and Services	Date (s) Service Provided	Value of Service
Personnel:			\$ -
Volunteer Services			\$ -
			\$ -
			\$ -

	Description of Donated Services	Date Service Provided	Value of Service
Supplies:			\$ -
			\$ -
			\$ -
			\$ -

	Description of Donated Services	Date Service Provided	Value of Service
Equipment:			\$ -
			\$ -
			\$ -
			\$ -

	Description of Donated Services	Date Service Provided	Value of Service
Space:			\$ -
			\$ -
			\$ -
			\$ -

	Description of Donated Services	Date Service Provided	Value of Service
Other:			\$ -

Total	\$ -
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2 CFR §200.306 (j) For third-party in-kind contributions, the fair market value of goods and services must be documented and to the extent feasible supported by the same methods used internally by the non-Federal entity.

I certify that the above contribution(s) are accurately valued as of **(inserted date)**, and that none of the committed resources are paid from any federal funds nor will be used for any other federally funded program. All goods and/or services are necessary, reasonable and allowable per 2 CFR 200 Uniform Guidance Subpart E-Cost Principles. I further certify The George Washington University will maintain financial and program records of this contribution in accordance with **(insert Sponsor)** requirements and will make available supporting documentation in the event of an audit.

 AUTHORIZED SIGNATORY (PI)

 PRINT NAME DATE

 AUTHORIZED SIGNATORY (FD)

 PRINT NAME DATE

**Certification must be signed by Principal Investigator or a person with firsthand knowledge or suitable means of verification of the work performed.*



External In-Kind Contribution Form

DATE:	
PRINCIPAL INVESTIGATOR:	
SPONSOR NAME:	
SPONSOR NUMBER:	
PROJECT PERIOD:	
REPORTING PERIOD:	
GWU AWARD NUMBER:	

On behalf of (*Donor Name*), I commit the following resources to the above project as matching.
 Valuation of this contribution is as follows:

	Description of Donated Goods and Services	Date (s) Service Provided	Value of Service
Personnel:			\$ -
Volunteer Services			\$ -
			\$ -
			\$ -

	Description of Donated Services	Date Service Provided	Value of Service
Supplies:			\$ -
			\$ -
			\$ -
			\$ -

	Description of Donated Services	Date Service Provided	Value of Service
Equipment:			\$ -
			\$ -
			\$ -
			\$ -

	Description of Donated Services	Date Service Provided	Value of Service
Space:			\$ -
			\$ -
			\$ -
			\$ -

	Description of Donated Services	Date Service Provided	Value of Service
Other:			\$ -

Total			\$ -
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2 CFR §200.306 (j) For third-party in-kind contributions, the fair market value of goods and services must be documented and to the extent feasible supported by the same methods used internally by the non-Federal entity.

I certify that the above contribution(s) are accurately valued as of (*inserted date*), and that none of the committed resources are paid from any federal funds nor will be used for any other federally funded program. All goods and/or services are necessary, reasonable and allowable per 2 CFR 200 Uniform Guidance Subpart E-Cost Principles. I further certify The George Washington University will maintain financial and program records of this contribution in accordance with (*insert Sponsor*) requirements and will make available supporting documentation in the event of an audit.

 AUTHORIZED SIGNATORY (PI) _____
 PRINT NAME _____
 DATE

*Certification must be signed by Principal Investigator or a person with firsthand knowledge or suitable means of verification of the work performed.

