

COST SHARING APPROVAL FORM

FORM TO BE INCLUDED ONLY IF COST SHARE IS PROPOSED

Principal Investigator: _____

Project Title: _____

Sponsor: _____

GRANT NUMBER: _____

Instructions:

1. Only include project costs NOT funded by sponsor-including employee benefits and indirect costs
2. Proposed cost share budget must be itemized in detail
3. For cost shared salaries and benefits include employees name and Z#
4. College's fund and org information for funding sources must be included
5. Signatures from budget unit managers must be obtained prior to submission

PROPOSED BUDGET:

Project Cost Description	Amount	Funding Fund	Funding Org	Budget Unit Manager Name	Signature & Date

BY SIGNING, THE PRINCIPAL INVESTIGATOR CERTIFIES THAT HE/SHE HAS READ AND UNDERSTOOD THE INSTITUTION'S COST SHARING PROCEDURE

APPROVAL SIGNATURES (REQUIRED):

PRINCIPAL INVESTIGATOR: _____

DATE: _____

GRANTS OFFICE: _____

DATE: _____