

Cost Sharing and/or Matching Funds

Please identify specific sources of cost sharing including their account numbers. These sources must be University budget and other non-federal accounts.

PROPOSAL TITLE: _____

GRANT OR CONTRACT #: _____ SPONSOR _____

PERSONNEL: NAME	CHARTFIELD to which cost sharing portion is charged	TIME PERIOD	% OF TIME	\$AMOUNT
TOTAL SALARIES				

FRINGE BENEFITS @ % OF SALARIES

TRAVEL	<input type="text"/>
SUPPLIES	<input type="text"/>
EQUIPMENT	<input type="text"/>
OTHER (Explain):	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

F % A COSTS @ % OF MODIFIED TOTAL
 DIRECT COSTS (MTDC)

TOTAL

APPROVED BY:

Principal Investigator Chairperson	Department	Dean	Senior Vice Provost for Research
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Typed Name	Typed Name	Typed Name	Typed Name
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