

Cost-Sharing Commitment Form

PI Name:

Department:

e-mail:

Sponsor:

Proposal Title:

Is cost-sharing required by the sponsor as a condition of the award?

Justification:

Evisions #:

Grant/Fund:

Principal Investigator Certification: *I certify that the cost-sharing requested represents costs directly related to the work statement of the named proposal/project and represents allowable cost-sharing.*

Principal Investigator Signature

Date

Personnel - please provide all cost-shared individuals, percentage effort, and funding sources

Name	Effort	Year 1	Year 2	Year 3	Year 4	Year 5	Funding Source
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Materials & Supplies

(explain in comments section)

Equipment

(explain in comments section)

Other

(explain in comments section)

Unrecovered Indirect Costs

Waived Indirect Costs

(must be approved by SPA Assoc VP)

Annual Cost-Share Totals

Comments:

Signatures

Chair/Director

Dean (if required)

Other