

COST SHARE FORM

College Name _____
RF Account # _____
Reporting Period (report each fiscal year period separately) From _____ To _____

Funding Type*	Cost Sharing Type						Account Code	Cost Sharing Detail PS & OTPS Expenditures
	Mandatory Cost Sharing		Voluntary Committed Cost Sharing		University Research			
	Budgeted Amount	Expense Amount	Budgeted Amount	Expense Amount	Budgeted Amount	Expense Amount		
							5800 Salary** [Individual Name]	
							5950 Fringe Benefits including MTA Tax [Individual Name]	
							7920 Furniture and Equipment under \$5,000 [Detail]	
							7900 Furniture and Equipment over \$5,000 [Detail]	
							6900 Travel [Detail]	
							7800 Scholarships, Fellowships and Stipends [Detail]	
							7000 Consultant Services [Detail]	
							8620 Subrecipients [Detail]	
							8800 Other Direct Cost [Detail]	
							9000 F&A	
Total Amount								

*For Funding Type specify source of funding (Research Foundation Account number; College Tax Levy, IFR, ACE account number or 3rd Party in-kind Contribution providers name).
**When a salary percentage (not dollar amount) is committed as cost sharing, use the current FY salary to calculate future year amounts. Enter a separate line for each individual adding the individual's last name.

I hereby certify that the College meets the cost sharing criteria outlined in a Uniform Guidance and has all required documentation such as time sheets, effort reporting and receipts to support OTPS expenses as stated above.

First and Last Name of PI Signature of PI Date _____

First and Last Name of Responsible College Official Signature of Responsible College Official Date _____