

- ¾ If this cost sharing will extend over multiple project years, please provide a breakdown by project year. SPA will automatically move the revenue from the source of funds on an annual basis using this form as approval.
- ¾ SPA will establish a separate grant for each source of funds provided. All spending should occur on the grant established expressly for that portion of the cost sharing.
- ¾ If funds from the Office of Research and Economic Development are being used to provide this cost sharing, this form must route through ORED for approval.
- ¾ The time period and amount should be entered for ALL years of the award. This form will serve as approval of the commitment for the life of the award even though the cost sharing may be documented in multiple fiscal years.
- ¾ The amount should not contain the portion of the cost sharing commitment considered Paper Entries (i.e. F&A unrecovered F&A etc).
- ¾ If salary is charged to the cost sharing grant, the associated fringe benefits will also be charged at the current rate.

**Award Information**

Award Number	AWD				
Sponsor		Principal Investigator			
Time Period		Function		Amount	

Check this box to indicate that this cost sharing grant is requested as a tentative grant. By checking this box, the department is indicating that they are responsible for all charges if the agreement is not fully executed or if charges are incurred prior to the established begin date. They are further confirming that only charges for the company associated with the award will be charged to this grant.

**Source of Funds**

The approval of a department head or cost center manager for EACH department committing cost sharing to this award should be reflected below.