

The Grants Administration Office Cost Sharing Information Form

Manhattan College school policy allows cost sharing only when it is required by the sponsor (see Faculty Handbook). A proposal with cost sharing cannot be approved without a completed and signed Request for Cost Sharing form.

PI/PD NAME:	SPONSOR NAME:
DEPARTMENT NAME:	START DATE:
RESPONSIBLE ADMINISTRATOR:	END DATE:
PROJECT TITLE/DESCRIPTION:	
List Sources of Cost Share Commitments e.g. Chair, Dean, Prov	vost or non-federal funds. Federal funds cannot be used
as a source for cost sharing.	
SOURCE NAME:	AMOUNT/VALU
Cost Sharing	Warkshoot
Fill-in cumulative totals or	
If cost sharing is required due to the NIH salary ca	
1. SALARIES AND FRINGE BENEFITS:	AMOUNT/VALUE:
a. Faculty salaries + FB	
b. Faculty salaries + FB amount above the NIH cap	
i. 12-month	
ii. 9-month	
iii. Summer	
c. Student salaries + FB	
d. Other salaries + FB	
2. FELLOWSHIPS:	
2. TELLOWSHIPS.	
3. CAPITALIZED EQUIPMENT (ITEMS COSTING ABOUT \$5K):	CACH DI KINI
5. CAPITALIZED EQUIPMENT (ITEMS COSTING ABOUT \$5K):	CASH IN-KINI
4 OTHER	
4. OTHER:	
a. Supplies	
b. Small Equipment (items costing below \$5K)	
c. Travel	
d. Consultants	
e. Space rental	
f. Miscellaneous (specify:)	
$5. \ \ FACILITIES \ \& \ ADMINISTRATIVE \ COSTS \ (IF \ ALLOWED \ BY \ SPONSO \\$	OR):
a. MTDC (also exclude value of in-kind items)	
b. F&A total	
6. TOTAL COST SHARE AMOUNT:	
ommitment Signatures (or attach letters of Commitment)	
	Date:
	Date:
	Date:
	Date:
ORS Signature:	Date: