## Manhattan College.

## 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, Provost, or non-federal funds. Federal funds cannot be used as a source for cost sharing.
SOURCE NAME:

|  | AMOUNT/VALUE: |
| :--- | :--- |
|  |  |
|  |  |
|  |  |

## Cost Sharing Worksheet

Fill-in cumulative totals or attach approved budget
If cost sharing is required due to the NIH salary cap, please check this box:


1. SALARIES AND FRINGE BENEFITS:
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

Amount/Value:

2. Fellowships:
3. CAPITALIZED EQUIPMENT (ITEMS COSTING ABOUT \$5K):
4. Other:
a. Supplies
b. Small Equipment (items costing below \$5K)
c. Travel
d. Consultants
e. Space rental
f. Miscellaneous (specify: $\qquad$ )

5. Facilities \& Administrative costs (if allowed by sponsor):
a. MTDC (also exclude value of in-kind items)
b. F\&A total
6. TOTAL COST Share Amount:


## Commitment Signatures (or attach letters of Commitment)

|  | Date: |
| :--- | :--- |
|  | Date: |
| ORS Signature: | Date: |
|  | Date: |

