

Office of the Senior Vice Provost for **Research and Graduate Education**

Sponsored Projects Administration 1938 Liacouras Walk, Second Floor

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Federal regulations require, regardless of funding source, that recipients properly document all committed cost-sharing. If cost-sharing is requested for more than one person, a separate from must be provided for each instance.

PROJECT	Project Title							
	Principal Investigator							
	Sponsor							
	Prime Sponsor (If applicable)							
	T	ype (Select Or	ne):	Reason (Select All that Apply):				
	☐Mandatory (Required by Sponsor)			☐Salary Cap ☐Other ☐Contributed Effort (In-Kind Salary)				
	Voluntary (Despessed by Toronto)			☐ Contributed Filort (In-Kind Salary) ☐ Contributed Non-Effort (In-Kind Supplies/Services/Facilities)				
	└─Voluntary (Proposed by Temple)			Non-University 3rd Party Support				
	Explanation (Attach additional sheet if needed)							
			Ac	ademic Year Sal	ary			
	Salary will be cost-shared to account codes 6019 (F/T Faculty), 6219 (P/T Faculty), 6519 (F/T Non-Faculty) or							
COST SHARE	6619 (P/T Non-Faculty) in the indicated FOAP in proportion to effort applied to the project or a specified amount. Complete a separate form for each person who has cost-shared effort.							
	Fund	Org	Account	Program	% Effort		Amount	
						or or		
						or		
	Other Project Expenses							
	Additional cost-share is projected for the following expenses. Indicate FOAP, short description and amount. Attach additional sheet for more items.							
	Fund	Org	Account	Program	Description		Amount	
	By signing	g below, we u	nderstand that c	ost-shared expen	ses are subjec	t to the sam	ne policies and	
	By signing below, we understand that cost-shared expenses are subject to the same policies and regulations as sponsor-funded expenses. We further agree to maintain documentation identifying the							
	cost-shared expenses on this project and to retain this documentation as part of the official records of this project for at least three (3)years after its completion.							
	Investigator or other personnel			Signature			Date	
APPROVAL	Business Manager or Administrator			Signature [Date	
	Department Chair			Signature			Date	
	Dean's Office			Signature Date			Date	