Request for Faculty Academic Year Salary Cost Share Approval

When University salary (effort) is committed in a proposal for sponsored funding, PI/PD must obtain the necessary approvals for the proposed in-kind effort as shown below. Once signed, this form should be uploaded to the Attachments section in Kuali.

The university practice is to make a cost-sharing commitment **only when required by the sponsor**. Further, cost share may be committed only to the extent necessary to meet the agency requirements and the proposed project. The Office of Pre-Award Services (OPAS) must have written verification of the sponsor's cost sharing requirements. Specific commitments to cost sharing should not be included in proposals unless they are mandated in the program announcement/guidelines. This does not mean that PIs should not devote effort to projects that do not supply salary, nor does it mean that the university should not contribute resources toward the project. If there is no mandatory cost share requirement, PIs should instead describe their participation in terms that do not commit the institution to a specific percentage of effort or to other non-salary expenses.

PI/PD Name		PI/PD College/Department							
Sponsor Agency Nan	ne:	This College/ Department							
Title of Project:									
Project Start Date:		_		Proje	ct End Date:				
Total Amount of Cos	st Share Re	quired by	Sponsor:						
Cost Share amount	via: A	Y Salary	AY I	Fringe	Associated Indi	rect Total			
For this proposal:	_			<u> </u>					
For this Department:	_			<u></u>					
List all commitments cost share, during eac Year 1 dates:		nic Year (AY) effor	t to spons	- 0	hether included as ost Share Speed Typ			
Name of Employee(s) cost sharing effort	Months effort	% of AY effort	Salary	Benefits	Sponsor Name	Source of funds (Choose one)	Status of Project (Choose one)		
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Name of Employee(s) cost sharing effort	Months effort	% of AY effort	Salary	Benefits	Sponsor Name	Source of funds (Choose one)	Status of Project (Choose one)
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Year 3 dates: Name of Employee(s) cost sharing effort	Months effort	% of AY effort	Salary	Benefits	Sponsor Name	Source of funds (Choose one)	Status of Project (Choose one)
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Year 2 dates:

to ____

Year 4 dates:		to					
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Year 5 dates:		to					
Name of Employee(s) cost sharing effort	Months effort	% of AY effort	Salary	Benefits	Sponsor Name	Source of funds (Choose one)	Status of Project (Choose one)
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