

COST SHARING DISTRIBUTION AND SIGNATURES

Use this form when:

- Determining cost sharing allocations for an award
- Determining cost sharing distributions for an award

LEAD UNIT / PRINCIPAL INVESTIGATOR INFORMATION (required):

PD/PI:	RAPSS FP Number:	
School:	RAPSS AWD Number:	
Administering Department:	Project Start Date:	
	Project End Date:	

SIGNATURES (required)

Signatory		Department	Cost Sharing Distribution		
			Direct Cost	Indirect Cost	Total
Dean/Director (printed)	Dean/Director (Signature)				
Dean/Director (printed)	Dean/Director (Signature)				
Joan J.	Double Community				
Dean/Director (printed)	Dean/Director (Signature)				
Dean/Director (printed)	Dean/Director (Signature)				
Dean/Director (printed)	Dean/Director (Signature)				
Beatin Birector (printed)	Dealin Billestol (digitature)				
Dean/Director (printed)	Dean/Director (Signature)				
Dean/Director (printed)	Dean/Director (Signature)				
Dean/Director (printed)	Dean/Director (Signature)				
Dean/Director (printed)	Dean/Director (Signature)				
Dodni Director (printed)	Death Director (Digitature)				
Dean/Director (printed)	Dean/Director (Signature)				
Dean/Director (printed)	Dean/Director (Signature)				
			Direct Cost Total	Indirect Total	Total Distribu



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COMMENTS (optional):							