

University of Massachusetts Boston

ATTACHMENT B: COST SHARING

The tracking, reporting and certifying of cost sharing commitments is the responsibility of the Department/Unit. Written certification of funding source and approval is required.

COST SHARE IS:

Mandatory *(required by sponsor)*

Voluntary *(not required by sponsor)*

Proposal Information	
Proposal #	
PI Name	
Administrator	
Sponsor	
Project Dates	
Project Title	

Cost Share Information: Personnel - Salary and Fringe Benefits				
	Amount	Speed Type	Description	Acct. Owner Signature
Cost Share				
Associated F&A				
Total				

Cost Share Information: Non-Personnel – Equipment, Supplies, Travel etc.				
	Amount	Speed Type	Description	Acct. Owner Signature
Cost Share				
Associated F&A				

Unrecovered F&A	
	Description
Total	

I authorize that this information is correct and these are approved cost sharing amounts for this project.

Authorization	
Principal Investigator	Date:
Department Chair	Date:
ORSP	Date: