



**California State Polytechnic University, Pomona  
Office of Research & Sponsored Programs  
COST SHARE FORM**

Complete this form for cost sharing of faculty time and effort, direct costs, in-kind contributions, or Foundation administrative costs.

**Principal Investigator/Project Director: Name:** \_\_\_\_\_ **Proposal Number:** \_\_\_\_\_  
**Project Title:** \_\_\_\_\_  
**Type of Cost Share:** \_\_\_\_\_ **Period of Performance:** \_\_\_\_\_

**CPP FACULTY/STAFF EFFORT**

Name	Reporting Cycle	% Effort	Annual Salary	Fringe Benefits (%)	Total
------	-----------------	----------	---------------	---------------------	-------

SUBTOTAL:

**OTHER DIRECT COSTS**

Description

Materials & Supplies:  
 Travel:  
 Equipment:  
 Scholarship:  
 Other (Identify):

SUBTOTAL:

**IN-KIND THIRD PARTY CONTRIBUTORS\***

Name	Source of Funds	Valuation Method	Amount
------	-----------------	------------------	--------

SUBTOTAL:

**FOUNDATION ADMINISTRATIVE COSTS FOR AWARDS WITH NO INDIRECT COSTS ALLOWED**

Total Cost of Award	Fdn Admin Cost
x 4.5% =	

**TOTAL COST SHARE** \_\_\_\_\_ :

**UNIVERSITY/FOUNDATION ACCOUNTS TO BE CHARGED**

	Account No	Account Name	Account Manager Name	Amount
University Accounts to be Charged				

Foundation Accounts to be Charged

TOTAL:

\*For any third party contributors, a letter or documents must be attached with the cost share form. The document(s) must include the authorized representative's signature and dollar amount to be contributed.

Date	Name	Signature
------	------	-----------

**Principal Investigator's Signature:**

**Account Manager Name & Signature:**

**Second Account Manager Signature:**

**Chair's Name & Signature:**

**Dean's Name & Signature (or next level supervisor):**

**Provost/Division Head Name and Signature:**  
 (if necessary)