



## 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)				
Dean/Director (printed)	Dean/Director (Signature)				
Dean/Director (printed)	Dean/Director (Signature)				
Dean/Director (printed)	Dean/Director (Signature)				
Dean/Director (printed)	Dean/Director (Signature)				
Dean/Director (printed)	Dean/Director (Signature)				
Dean/Director (printed)	Dean/Director (Signature)				
Dean/Director (printed)	Dean/Director (Signature)				
Dean/Director (printed)	Dean/Director (Signature)				
Dean/Director (printed)	Dean/Director (Signature)				
Dean/Director (printed)	Dean/Director (Signature)				
Dean/Director (printed)	Dean/Director (Signature)				
			Direct Cost Total	Indirect Total	Total Distribution



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**COMMENTS (optional):**