

**Matching & Cost-Sharing Detail**

Project:

Department #:

Contractual Amount:

**The above project requires matching or cost-sharing. Please complete, sign, and return.**

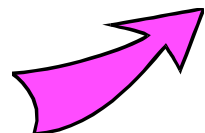
1) Personnel Amounts

| Employee Name | Department #<br>Object Code # | Amount |                 |
|---------------|-------------------------------|--------|-----------------|
|               |                               | Salary | Fringe Benefits |
|               |                               |        |                 |
|               |                               |        |                 |
|               |                               |        |                 |
|               |                               |        |                 |
| <b>Total</b>  |                               |        |                 |

2) Facilities Amounts

| Building | Room # |                 | Amount |
|----------|--------|-----------------|--------|
|          |        | Custodial       |        |
|          |        | Electricity     |        |
|          |        | Room Usage      |        |
|          |        | Telephone       |        |
|          |        | Other (specify) |        |
|          |        |                 |        |
|          |        |                 |        |
|          |        |                 |        |
|          |        | <b>Total</b>    |        |

Continue on reverse side



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3) Equipment

|       | Inventory<br>ID #<br>(if applicable) | Amount |
|-------|--------------------------------------|--------|
|       |                                      |        |
|       |                                      |        |
|       |                                      |        |
|       |                                      |        |
|       |                                      |        |
|       |                                      |        |
|       |                                      |        |
|       |                                      |        |
| Total |                                      |        |

4) Other Commitments:

| Description | Amount |
|-------------|--------|
|             |        |
|             |        |
|             |        |
|             |        |
|             |        |
|             |        |
| Total       |        |

The above reflects cost sharing amounts through \_\_\_\_\_

Project Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_