



## Committed Cost Sharing Agreement

**Please complete one form for each department providing committed cost sharing, including the Department submitting the application.**

Principal Investigator: \_\_\_\_\_ Project Dates: \_\_\_\_\_ to \_\_\_\_\_  
 Grant Title: \_\_\_\_\_  
 Funding Agency: \_\_\_\_\_

Org Number and Name of department providing cost sharing \_\_\_\_\_  
 If this is a hospital org (begins with a 3) additional approval must be obtained through Hospital Financial Services. **Please route form to Scott Harvey, Hospital Financial Services so signature can be obtained from appropriate authorized official.**

Departmental Contact Name: \_\_\_\_\_

Committed Cost-Shared Personnel			
Name of Cost-Shared Personnel	Role	% Effort	Amount (\$)

GL String will need to be provided at time of award

Non-Personnel Committed Cost Sharing	
Cost Sharing Item (e.g. Equipment, Waived F&A, Maintenance Agreement)	Amount (\$)
Total Amount: Personnel and Non-Personnel Cost Sharing	

GL String will need to be provided at time of award

The undersigned has fiscal responsibility in the department whose resources are committed for cost sharing as listed above and guarantees to support this commitment if the application is awarded. An account number to support this activity listed above will be provided at the time of award.

\_\_\_\_\_  
 Department Fiscal Authority, Chair, Director, or  
 VA Clinical Service Chief

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 If Hospital Org, Hospital Financial Services Approval

\_\_\_\_\_  
 Date