

DIVISION OF SPONSORED RESEARCH
 FLORIDA INTERNATIONAL UNIVERSITY
COST SHARING FORM

Instructions:

This form has pull-down lists for the **funding categories** and **source**.
 Click on the shaded area to access the pull-down list.

For categories not included in the pull-down list, use the last two lines on the form, called "Other".

PI Name: _____

Project Title: _____

Project ID: _____ PeopleSoft Award Number: _____

FUNDING CATEGORIES (click on the shaded area for the pull-down list)	COST SHARING AMOUNTS (by year)					**TOTAL COST SHARING AMOUNT		DEPARTMENT NAME	ACCOUNT NUMBER	AUTHORIZED SIGNATURE FOR COST-SHARING ACCOUNT
	Year 1	Year 2	Year 3	Year 4	Year 5					
						\$				
						\$				
						\$				
						\$				
						\$				
						\$				
						\$				
						\$				
						\$				
						\$				
						\$				
						\$				
Other:						\$				
Other:										
TOTAL:										

**Contingent upon full funding. Any reductions in funding will result in a proportional reduction of cost sharing.