

LETTER OF CONFIRMATION COST SHARE COMMITMENT

SECTION A

Type of Mandatory Cost Sharing Commitment

Revised (Check if yes) Percent of Effort _____ Memo Match _____ Percent of Sponsor Award Commitment _____ Dollar Commitment _____

Department Name _____ Responsible Cost Center Number _____

PI _____ Proposal _____ Award _____ COEUS Number _____

Project Period _____ Agency / Sponsor _____

Start Date (xx/xx/xx) End Date (xx/xx/xx) Amount Requested from Sponsor _____

DATES ABOVE SHOULD ONLY BE FOR PROJECT PERIOD 1

SECTION B

Project Period Commitment		Project Period	Year 1		Year 2		Year 3		Year 4		Year 5		Total Cost Share
Budget Category	Fund	Sponsored Class			1/1/1900	12/31/1900	1/1/1901	12/31/1901	1/1/1902	12/31/1902	1/1/1903	12/31/1903	
Salary & Wages		78210											-
Fringes & Fee Remits*		78280											-
Other Direct Costs													-
Equipment													-
		Subtotal											-
F & A													-
		Total	-	-	-	-	-	-	-	-	-	-	-

Project Period Total -

Fiscal Year Commitment		Fiscal Year	Year 1		Year 2		Year 3		Year 4		Year 5		Year 6	
Budget Category	Fund	Sponsored Class			7/1/1900	6/30/1901	7/1/1901	6/30/1902	7/1/1902	6/30/1903	7/1/1903	6/30/1904	7/1/1904	6/30/1905
Salary & Wages		78210	-	-	-	-	-	-	-	-	-	-	-	-
Fringes & Fee Remits		78280	-	-	-	-	-	-	-	-	-	-	-	-
Other Direct Costs			-	-	-	-	-	-	-	-	-	-	-	-
Equipment			-	-	-	-	-	-	-	-	-	-	-	-
		Subtotal	-	-	-	-	-	-	-	-	-	-	-	-
F & A			-	-	-	-	-	-	-	-	-	-	-	-
		Total	-	-	-	-	-	-	-	-	-	-	-	-

Fiscal Year Total -

SECTION C

Memo Match Explanation (& grant number if appropriate):

Sponsored Program Manager for Memo Match Account

SECTION D

Approved:
(Signature(s) of person(s) authorized to approve funding source)

Department Head _____

Dean/Director _____

Other (Specify) _____

* Note: The account funding fringe benefit contributions may vary by the fringe benefit chargeability status of the salary & wage funding source. Consult SPS for assistance.