

Cost Sharing and Matching Sources (CSMS)

Tuskegee University Office of Sponsored Programs

Date: _____

Principal Investigator: _____ Phone: _____

Proposed Project Title: _____ Proposed Dates of Activity: _____

Funding Agency: _____ Deadline: _____

Instructions: Please type or print clearly, and complete all applicable boxes. Use additional sheets if necessary.

Category	Source	Account No.	Use	% of Time/ Use	Value Calculation	Amount of Value (\$)
Tuskegee University Personnel (Name and title) _____	Basic budget or funded project title and funding agency	Account # and line item	Description of the Contribution made to the Proposed project.		Please indicate how you arrived at the \$ value	_____
Other Personnel (Name and Employer) _____						_____
Consultants (Name and capacity) _____						_____
Volunteer Service (Name and/or agency) _____						_____

Category	Source	Account No.	Use	% of Use	Value Calculation	Amount of Value (\$)
Supplies	Basic budget or funded project title and funding agency	Acct. # and line item	Description of the contribution made to the proposed project.		Please indicate how you arrived at the \$ value	
Property (Land, buildings, etc.)						
Equipment	Please indicate how, where and when purchased					
Other						
Unrecovered Indirect Cost						
					TOTAL****	

Approvals

Notes/Comments

Principal Investigator

Business and Fiscal Affairs

Dean

Provost/Academic Affairs

Vice President of Research & Sponsored Programs