

**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) [Redacted]	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	[Redacted]
Other Personnel (Name and Employer) [Redacted]						[Redacted]
Consultants (Name and capacity) [Redacted]						[Redacted]
Volunteer Service (Name and/or agency) [Redacted]						[Redacted]

Category	Source	Account No.	Use	% of Use	Value Calculation	Amount of Value (\$)
Supplies [Redacted]	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	[Redacted]
Property (Land, buildings, etc.) [Redacted]						[Redacted]
Equipment [Redacted]	Please indicate how, where and when purchased					[Redacted]
Other [Redacted]						[Redacted]
Unrecovered Indirect Cost [Redacted]						[Redacted]
					<b>TOTAL***</b>	[Redacted]

## Approvals

Notes/Comments

Principal Investigator \_\_\_\_\_

Business and Fiscal Affairs \_\_\_\_\_

Dean \_\_\_\_\_

Provost/Academic Affairs \_\_\_\_\_

Vice President of Research & Sponsored Programs \_\_\_\_\_