

# COST-SHARE / TIME & EFFORT FORM

Proposal #: \_\_\_\_\_  
 Pd. of Award: \_\_\_\_\_  
 Award #: \_\_\_\_\_  
 Acct.#: \_\_\_\_\_

Proposal Title: \_\_\_\_\_  
 Principal Investigator: \_\_\_\_\_ Dept. \_\_\_\_\_  
 Co-principal Investigator(s): \_\_\_\_\_ Dept. \_\_\_\_\_  
 Co-principal Investigator(s): \_\_\_\_\_ Dept. \_\_\_\_\_  
 Sponsor: \_\_\_\_\_ Cost Sharing is: \_\_\_\_\_ Mandatory \_\_\_\_\_ Voluntary Committed  
(Time & Effort Only)

Effort Name of Employee	Salary	Fringe Benefits	% of Time	Period	Source of Funds (Account Number)	Amount Total
<b>Subtotal</b>						
<b>Total Salary, Wages and Fringe Benefits</b>						\$
<b>IDC Rate (Specify)</b>						\$

**Mandatory Only**

<i>Cost Sharing (Provide Brief Explanation)</i>	Amount	Source of Funds
Materials and Supplies		
Equipment		
Other (specify):		
Other (specify):		
Third Party Contribution (Attach letter of commitment)		
<b>Unrecovered IDC – Calculate difference between TAMUK IDC rate and agency IDC rate allowed</b>		
<b>TOTAL TEXAS A&amp;M UNIVERSITY-KINGSVILLE COST SHARING</b>		\$

**EXPLANATION of Cost Sharing:**

  
  

**REQUIRED SIGNATURE APPROVALS**

PI/PD	Date	Chair/Department	Date	Dean	Date
Co PI/PD	Date	Chair/Department	Date	Dean	Date
Co PI/PD	Date	Chair/Department	Date	Dean	Date