

**NORTH CAROLINA AGRICULTURAL AND TECHNICAL STATE UNIVERSITY
DIVISION OF RESEARCH AND ECONOMIC DEVELOPMENT
UNIVERSITY COST SHARING FORM**

New _____
Revised _____

Agency: _____

Department: _____ School/College: _____

Title of Proposal: _____

Proposal No.: _____ Banner Fund: _____

Labor Cost Sharing

Time and Effort Reports must be certified for each employee listed for the period in which they contribute labor cost sharing.

Note: Nine(9) month faculty should only list periods for the academic year. List each period separately.

University Employee	Annual Contract Salary	Appt. Period (months)	% of Time	Banner Fund	Period	Salary	Fringe	Overhead	Total

Cash Matching

Department/Division	Item(s)	Fund Number	Amount

External Cost Sharing/Waivered/Third Party/Unrecovered

Name	\$ Amount

Appropriate University Approval

PI/PD Date

Department Head/Center Director Date

Dean/Director Date

Appropriate University Award Confirmation

PI/PD Date

Department Head/Center Director Date

Dean/Director Date