



College of Social Science  
**MICHIGAN STATE UNIVERSITY**

## COST SHARING COMMITMENT FORM FOR EXTERNAL FUNDING

Note that this form must be completed for all mandatory and voluntary cost-sharing commitments regardless of whether the proposal is for research, training or other sponsored activities.

PI Name: \_\_\_\_\_ Email: \_\_\_\_\_

Co-PI Name: \_\_\_\_\_ Email: \_\_\_\_\_

PI Dept.: \_\_\_\_\_ Co-PI Dept.: \_\_\_\_\_ Proposal number: \_\_\_\_\_

Proposal Title: \_\_\_\_\_

Project Period: \_\_\_\_\_ Sponsor \_\_\_\_\_

Type of Cost-Sharing:      Voluntary                       Mandatory                       None

If mandatory or voluntary, please explain the necessity of University cost-sharing. If there is no cost sharing associated with your proposal, please skip to page 2 and answer the question on course release.

Annual (Project Year) Cost Sharing Amount Committed

Personnel – Please provide all cost-shared individuals, percentage effort, and funding sources

Name	% Effort	Year1 (\$)	Year 2 (\$)	Year 3 (\$)	Year 4 (\$)	Year 5 (\$)	Depart. Account

**Total Cost Share:**     

\* If multiple account numbers across departments are used as sources of cost sharing, please use a separate form for each department.

**Course Release**

Departments that intend to support a course release for faculty who receive significant, nationally competitive grants, and whose teaching responsibilities do not permit them to devote sufficient time to their funded work should determine the ability of the department to find a replacement and /or the impact of losing a course in the department/college curriculum.

Will the department have a replacement? Yes  No  N/A

If yes, please explain how the department will cover the cost of hiring a replacement.

If not, what will be the impact of losing a course in the department/college curriculum?

**APPROVALS**

*Department approval*

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_____, Principal Investigator	Date
(Print name)	
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_____, Co-Investigator/Co-PI	Date
(Print name)	
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_____, Dept. Chair/Director	Date
(Print name)	

*College Approval*

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_____, Associate Dean for Research & Graduate Studies	Date
(print name)	