Co-I/Co-PI Signature/Date

ISU Offic	OSP Proposal ID #				
PI Name:	Department:		College:		
	ourages non-mandatory cost sh		t must be justified	d and will be fully trac	ked upon award
_		erioù uates.			
ISU PERSONNEL COST SI	1			I 6 6- 1 I	
Name of Employee	Percent & Type of Effort (cal., acad., sum.) (ex. 10% academic year)	Salary	Fringe	Source of Funds (Index #)	Total Amount
SUBTOTALS					
Total Salary, Wages an	d Fringe Benefits				
OTHER COST SHARE					
ltem	Description			Source of Funds (Index #)	Total Amount
Materials and Supplies					
Other					
Total of Third Party	(Please attach letters of commi		ces that include		
Contributions	the exact dollar \$ value offered)		-	
Waived/uncollected F&A					
F&A on Cost Share					
F&A Not Allowed by Sponsor				-	
TOTAL COST SHARE					
'l Signature/Date	Dept. Head Si	Dept. Head Signature/Date De		ean/Director Signature/Date	
Co-I/Co-PI Signature/Date	Dont Hood Si	Dept. Head Signature/Date		Dean/Director Signature/Date	

Dept. Head Signature/Date

(11/18/10)

Dean/Director Signature/Date