

PARTNER IDENTIFICATION FORM AND COST SHARE WORKSHEET

Please complete one form for each partner.

1. Institution/Organization _____

Point of Contact: Name _____

Title _____ Department _____

Address _____

City _____ State _____ Zip _____

Telephone _____ e-mail _____ Fax _____

2. Type of Organization:

Are you a Local Educational Agency (LEA)?

Yes No

Are you an Institution of Higher Education (IHE)?

Yes No

Type of IHE:

Four-Year Two-Year

Public Private

College University

HBCU HSI TCCU NHSI ANSI

Other types:

Business

Community-based organization

Professional association

Philanthropic Organization

State Agency

Other: _____

PR Award No. _____

3. Non-Federal Fund contribution provided by Partner

	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	YEAR 6	YEAR 7	TOTAL
1. Salaries and Wages								
2. Employee Benefits								
3. Travel								
4. Materials and Supplies								
5. Consultants and Contracts								
6. Other								
A. Total Direct Costs <i>(Sum of lines 1-6)</i>								
B. Total Indirect Costs: <i>(Cannot be greater than 8% of Total Direct Costs)</i>								
C. Equipment								
D. Scholarships/Tuition Assistance								
E. TOTAL COMMITMENT <i>(Lines A + B+ C+D)</i>								

Please summarize the partner's specific support and commitment to the project in this space.

SIGNATURE OF AUTHORIZING OFFICIAL: _____

NAME OF AUTHORIZING OFFICIAL: _____

TITLE OF AUTHORIZING OFFICIAL: _____