

# COST SHARE APPROVAL FORM INSTRUCTIONS

*Edward Via College of Osteopathic Medicine  
Office of Research Administration*

VCOM will make a cost- calti(1)1.9tiv12.9n(o)1c.tu(o)1ce7(l)of ç3"] à ç"Tg = ®NY5vQÁÁÁ 5 Áw 6 "R eCπ-

**Employee / Department :** All personnel on the proposal whose salaries and fringes will be partially covered, or fully covered, by cost sharing must be listed in this form, along with the name of their home departments.

**Percent Effort:** For each individual, indicate the percent effort that will be covered by cost share. As an example, if Dr. Smith is listed on the budget at 10% effort and VCOM is covering 4% of that effort, the percent effort on this form should be listed as 4%.

**Year:**