

**HARVARD PILGRIM HEALTH CARE, INC.  
SPONSORED PROGRAMS APPLICATION**

**IV. COST SHARING**

**Cost Sharing occurs when the sponsor requires or the project necessitates greater expenditures than can be billed directly. This sort of voluntary cost-sharing (excluding the required over-the-cap salary adjustments) is discouraged at HPHC and thus requires Departmental & Finance review and approval.**

Title of Project	
Principal Investigator	

*Instructions: For personnel who will be cost-shared, enter name of person, FTE and amount that will be charged to the grant, FTE and amount that will be charged to the cost share account and the cost share account # and name. For other expenses, enter as directed above except for FTE.*

Name/Item	FTE charged to Grant	Amt (\$) charged to Grant	FTE Cost Share	Amt (\$) of Cost Share	Cost Share Account # *

**THIS FORM MUST BE COMPLETED AND APPROVED PRIOR TO GRANT SUBMISSION.**

\_\_\_\_\_  
Administrator/Department Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director, Office of Sponsored Programs

\_\_\_\_\_  
Date

\*This should be a non-Federally sourced account with the exception of certain types of training grants (e.g., Fs & Ks) which allow it.