

# PARTNER IDENTIFICATION FORM

## & Cost Share Worksheet



**DIRECTIONS:**

Please complete one form for each partner (other than the Applicant Organization).

**Institution/Organization:** \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Point of Contact:** \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**Are you a Local Education Agency (LEA):** Yes No

**Are you an Institution of Higher Education (IHE):** Yes No

Types of IHE: Four-Year Public College HBCU Two-Year Private University TCCU NNSA ANSI HIS

**Other Types:**

Community-based Organization State Agency Business  
Philanthropic Organization Professional Association Other: \_\_\_\_\_

**PR Award No.** \_\_\_\_\_

### 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								
Total Direct Costs (Sum of lines 1-6)								
Total Indirect Costs: (Cannot be greater than 8% of Total Direct Costs)								
Equipment								
Scholarships/Tuition Assistance								
<b>TOTAL COMMITMENT</b> (Lines A + B+ C+D)								

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

SIGNATURE OF AUTHORIZING OFFICIAL: \_\_\_\_\_

NAME OF AUTHORIZING OFFICIAL: \_\_\_\_\_