



U.S. SMALL BUSINESS ADMINISTRATION Grant / Cooperative Agreement Cost Sharing Proposal

Note: The estimated burden completing this form is 3 hours per response. You will not be required to respond to any collection of information unless it displays a currently valid OMB approval number. Comments on the burden should be sent to U.S. Small Business Administration, Chief, AIB, 409 3rd St., S.W., Washington, D.C. 20416 and Desk Office for Small Business Administration, Office of Management and Budget, New Executive Office Building, room 10202 Washington, D.C. 20503. OMB Approval (3245-0140).PLEASE DO NOT SENDFORMS TO OMB.

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1. NAME OF GRANTING AGENCY	2. GRANT / CA NO.	
3. ADDRESS OF APPLICANT ORGANIZATION	4. PROJECT PERIOD ¹	
6. ABBRESS OF ALL EIGHT STOMBETTION		
	From:	
	То:	
5. TITLE OF PROJECT		
6.		
(Name of Applicant Organization)		
	proposes to shore	
	proposes to share	
in the cost of this project during the project period specified above (or any subsequent revision of that project		
period) to the minimum extent of	percent of the total allowable	
costs of the project. ² It is understood that if the project period consists of more than one budget period, this		
minimum percentage will apply to the project period as a whole, but not necessarily to each budget period.		
minimum percentage will apply to the project period as a whole, but he	or necessarily to each budger period.	
7. SIGNATURE AND TITLE OF AUTHORIZED GRANTEE OFFICIAL	8. DATE	

² Total allowable costs of the project includes both costs charged to the Federal grant funds and costs contributed by the grantee organization, and will be determined in accordance with the cost principles designated by the granting agency.



¹ The project period includes the initial budget period and the budget period(s) of any non-competing continuation grant(s).