



### IPA ASSIGNEE COST DATA

**NOTE:** Eligibility requirement: Individual must be on institution's roles in a career position for 90 days prior to an intergovernmental assignment to a Federal agency.

1. Name of Proposed Assignee: \_\_\_\_\_

2. Institution's name and Institution ID to which grant should be awarded:  
\_\_\_\_\_

3. **Current Salary:** Please indicate if salary is paid on an annual or academic basis. Certified salary must be the actual salary paid by the institution (e.g., a 9-month academic salary paid over an 11 or 12 month period should be recorded as a 9-month salary). Do not include estimated salary increases. **SALARY MAY NOT BE ADJUSTED FOR THE PURPOSE OF THIS ASSIGNMENT.**

Check one:

- Annual Salary \$ \_\_\_\_\_
- Academic Salary \$ \_\_\_\_\_
  - 9 months     10 months     11 months
  - Other \_\_\_\_months

4. Employer's Contribution to fringe benefits for 1-year period (excluding indirect costs and administrative costs such as tuition remission, cost of negotiating assignment agreements and preparing payroll records and assignment reports):

\_\_\_\_\_ %

IT IS EXPECTED THAT ASSIGNMENTS WILL BE MADE ON A SHARED COST BASIS OF AT LEAST 15% OF THE TOTAL COST OF SALARY AND FRINGE BENEFITS.

WE AGREE TO COST SHARE 15%                      OR                       WE AGREE TO COST SHARE \_\_\_\_\_\*

\*If there is 0% cost share please provide a reason below.

\_\_\_\_\_  
Certifying Official's Signature\*\*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type or Print Name & Title

\_\_\_\_\_  
Area Code & Phone Number

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Fax Number

**\*\*The statements on this form, and any attachments to it, are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both. (See section 1001 of title 18, United States Code)**