



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. COST SHARING OF AT LEAST 10% OF THE TOTAL COST OF ACADEMIC SALARY AND FRINGE BENEFITS IS REQUIRED.

WE AGREE TO COST SHARE 15% OR WE AGREE TO COST SHARE 10% OR WE AGREE TO COST SHARE ____%

***If there is less than 10% cost share requested, a separate detailed justification will be required for consideration.**

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)**