

PALOMAR COLLEGE GEAR UP GRANT 2016-2023

PARTNER IDENTIFICATION FORM AND COST SHARE WORKSHEET

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

1. Institution/Organization _____
 Point of Contact Name _____
 Title _____ Department _____
 Address _____
 City _____ State _____ Zip _____
 Telephone _____ e-mail _____ Fax _____

2. Type of Organization

Are you a Local Education Agency (LEA)?

Yes No

Are you an Institution of Higher Education (IHE)?

Yes No

Type of IHE:

Four-Year Two-Year

Public Private

College University

HBCU HSI TCCU NHSI ANSI

Other types:

Business

Community-based organization

Professional association

Philanthropic Organization

State Agency

Other _____

Non-Federal Fund contribution provided by Partner

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Total
Salaries and Wages								
Employee Benefits								
Travel								
Materials and Supplies								
Consultants and Contracts								
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								
TOTAL (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: _____

TITLE OF AUTHORIZING OFFICIAL: _____