



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

OMB Approval 3245-0140  
Expiration Date:07/31/2018

PURPOSE: This form is used by the recipient organization to indicate its portion of match it is contributing to the project.

1. NAME OF GRANTING AGENCY	2. GRANT / CA NO.
3. ADDRESS OF APPLICANT ORGANIZATION	4. PROJECT PERIOD <sup>1</sup>  From:  To:

5. TITLE OF PROJECT

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6.

(Name of Applicant Organization)

\_\_\_\_\_ 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.<sup>2</sup> 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.

7. SIGNATURE AND TITLE OF AUTHORIZED GRANTEE OFFICIAL	8. DATE
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<sup>1</sup> The project period includes the initial budget period and the budget period(s) of any non-competing continuation grant(s).  
<sup>2</sup> 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.

**SBA Form 1224 (4-15)**

This form was electronically produced by Elite Federal Forms, Inc.

Note: The estimated burden completing this form is 1 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 S., 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.