

Cost Share Request Form



Please submit to the Associate Director, Pre-Award at least **15 days (no space requested) or 30 days (if space requested)** prior to the proposal submission date.

Faculty Name (First and Last):

Department:

Sponsor:

Due Date:

Cost Share is Mandatory ☐ Voluntary* ☐

*Voluntary cost-share is discouraged. Please provide a justification for request:



	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Proposal Information						
Cost Share Amount						
Sponsor Budget: Direct Costs						
Sponsor Budget: Indirect Costs						
Cost Share Funding						
1. In-Kind Effort						
2. Unrecovered Overhead						
3. PI "Cash" Commitment						
4. Department "Cash" Commitment						
5. Provost "Cash" Commitment						
COS - Cost Share Funding Request						

Equipment, Additional Space or Renovations? Yes ☐ No ☐

Attachments:

- ☐ Relevant Part of FOA or RFP
- ☐ Proposal Budget
- ☐ Cost Share Budgets
- ☐ Equipment / Space Needs or Alterations Description

Signatures: **(all signatures required)**

	Date		Date
Principal Investigator		Co-Principal Investigator	
Department Chair	Date	AD for Research	Date
Assoc. Director, Pre-Award	Date	Dean	Date
AD, Administration & Finance	Date		