APPROVAL FOR MATCHING FUNDS/COST SHARE FOR

SPONSORED RESEARCH GRANT APPLICATIONS

Instructions: Please complete the required information. Attach the Program or Research Announcement which indicates a match is required and provide a brief summary of your research proposal.

Principal Investigator:

Co-Investigator(s):

Department(s):

Proposal Submission Due Date:

Funding Agency:

Total University Funds Required:

Source of Match: _____

Approval Signatures

Indicating an 'Approval' after your name shows that you support the commitment of University funds for the project described. The PI has attached a brief explanation of the proposal.

Department Chair: ( )Approve ( ) Disapprove

Comments: _____

Dean of College: ( )Approve ( ) Disapprove

Comments: _____

Provost: ( )Approve ( ) Disapprove

Comments: _____

After all signatures, please return to the Office of Research Services