**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.

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| --- | --- |
| 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**