**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**