

Cost Share Request Form

SECTION A - Proposal Information

Sponsor: _____ Application Due: _____ Project Dates: _____

Proposal Title: _____

Total Agency Request: _____ Total IDC Requested: _____ IDC Rate: _____

Principal Investigator: _____ Department/Unit: _____ College: _____

Co-Principal Investigator: _____ Department/Unit: _____ College: _____

Other Personnel: _____ Department/Unit: _____ College: _____

SECTION B - Cost Share Type

Mandatory-Please provide documentation of this requirement
 Level required by agency: _____

Voluntary Committed-Please complete the "Justification" section; VCR approval required

Uncommitted-Please complete the "Justification" section

JUSTIFICATION FOR VOLUNTARY COMMITTED or UNCOMMITTED COST SHARE: (Voluntary cost share is discouraged; if more space is needed, continue on page 2)

SECTION C - Department, College, 3rd Party Cost Share

Category	Source (i.e. Department, College, 3rd Party)	Unrestricted Account	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Senior Personnel/Fringes								
Student Personnel/Fringes								
Equipment								
Travel								
Commodities								
Other Direct Costs*								
F&A on Cost Share/Waived F&A								
Total								

Does this project contain 3rd party committed cost share? Yes No **If yes, please include a commitment letter from the 3rd party.**
 *Include detail in the Additional Comments below

SECTION D - VCR Cost Share Request

From Start-Up funds? Yes No

Category	Description	Year 1 Request	Year 2 Request	Year 3 Request	Year 4 Request	Year 5 Request	Total Request
Senior Personnel/Fringes							
Student Personnel/Fringes							
Equipment							
Travel							
Commodities							
Other Direct Costs*							
F&A on Cost Share							
Total							

Approved:
 (For VCR use only)

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SECTION E - Signatures and Approvals

Approvals: (Signatures of persons committing cost share, as well as those authorized to approve cost share commitments)

Principal Investigator	Date	Dept Chair(s) / Director(s)	Date	Dean(s)	Date
Co-Principal Investigator	Date	Dept Chair(s) / Director(s)	Date	Dean(s)	Date
Other Personnel	Date	Dept Chair(s) / Director(s)	Date	Dean(s)	Date
VCR (if required)	Date		Date		Date

Additional Comments: