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| Horizontal_Logo | **Office of Research and Sponsored Programs**  **Cost Share/Matching Funds**  **Approval Form** | Revision Effective Date : 8/20/2014  **PROPOSAL ID**\_\_\_\_\_\_\_\_ |

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| --- | --- |
| **Principal Investigator:** | |
| **Department:** | |
| **Agency/Sponsor:** | |
| **Project Title:** | |
| **Proposed Start Date:** | **Proposed End Date:** |

**Is cost share required by the sponsor for this opportunity?**

Yes - If yes, attach agency documentation

No - If no, provide justification for inclusion of cost share in proposal budget as an attachment.

**Have you requested and received approval for Cost Share within the past year?**

No  Yes If yes, please indicate project account number(s) and amount(s):

*Describe each item included in the budget for which UL Lafayette is responsible (including cost shared personnel effort, fringe benefits, and indirect costs), identify the unit (funded by) and account number (if available) that will be covering the cost share, and secure the signature of the individual authorized to commit resources on behalf of that unit (department head, dean, etc.). Attach additional sheets as needed.*

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| **Description** | **Amount** | **Funded By**  *(Dept. College, etc.)* | **Account** | **Approver’s Signature** |
|  | $ |  |  |  |
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| **UL LAFAYETTE COST SHARE SUMMARY** | | | | | | | |  | **ACTION:** | | | | |
| **Total Cost Share for Direct Costs:** | | | | | $ | | |  | Request approved.  Request denied. | | |  |
| **Total Cost Share for Indirect Costs:** | | | | | $ | | |  | Request approved with changes noted below: | | |  |
| **Third Party Contributions:** | | | | | $ | | |  |  |  | | |  |
| **Total Commitment:** | | | | | $ | | |  |  |  | | |  |
|  | | | |  | |  |  |  | **RECOMMENDATIONS:** | | | |  |
| **ENDORSEMENTS:** | | | |  | |  |  |  |  |  | | |  |
|  |  | | |  | |  |  |  |  | *Director, Office of Research and Sponsored Programs Date* | | |  |
|  | *Principal Investigator* | | |  | | *Date* |  |  |  |  | | |  |
|  |  | | |  | |  |  |  |  | *Director, Sponsored Programs Finance Admin. & Comp. Date* | | |  |
|  | | *Department Head Date* | | | | | |  | **APPROVALS:** | | | | |
|  |  | |  |  | |  |  |  |  |  |  |  |  |
|  | *Dean/Director* | | |  | | *Date* |  |  |  | *Vice President, Research* |  | *Date* |  |
|  |  | | |  | |  |  |  |  |  |  |  |  |
|  |  | | |  | |  |  |  |  | *Vice President, Administration and Finance* |  | *Date* |  |
|  |  | | |  | |  |  |  |  |  |  |  |  |
|  |  | | |  | |  |  |  |  | *Authorized Organizational Representative* |  | *Date* |  |