



**Office of Research and Sponsored Programs
Cost Share/ Matching Funds
Approval Form**

Revision Effective: 8/29/2019

PROPOSAL ID _____

Principal Investigator:

Department:

Agency/Sponsor:

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.

Description	Amount	Funded By (Dept. College, etc.)	Account	Approver's Signature
	\$			
	\$			
	\$			
	\$			
	\$			

UL LAFAYETTE COST SHARE SUMMARY	
Total Cost Share for Direct Costs:	\$
Total Cost Share for Indirect Costs:	\$
Third Party Contributions:	\$
Total Commitment:	\$

APPROVALS:	
_____	_____
<i>Vice President, Research</i>	<i>Date</i>
_____	_____
<i>Vice President, Administration and Finance</i>	<i>Date</i>
_____	_____
<i>Authorized Organizational Representative</i>	<i>Date</i>

ENDORSEMENTS:

Principal Investigator *Date*

Department Head *Date*

Dean/Director *Date*