UNIVERSITY of LOUISIANA LAFAYETTE

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

Revision Effective Date: 04/01/2022

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:	$	0.00
Total Commitment:	$	0.00

Third-Party Contributors:

Name:	Amount:
	$
	$
	$
	$

ENDORSEMENTS:

Principal Investigator *Date*

Department Head *Date*

Dean/Director *Date*

APPROVALS:

Vice President, Research *Date*

Vice President, Administration & Finance *Date*

Authorized Organizational Representative *Date*